FIREARMS (PROHIBITION, RESTRICTION AND REGULATION) ACT							Date Received:			
APPLICATION FOR FIREARM/AMMUNITION IMPORT PERMIT								Please indicate  Firearm  Ammunition  Accessories		CONTROL No.
Section 57 (	1)(a)									
NAME/COMPAN	187.				IMI	PORTEI	R	DI	PRESENTA	<b>MR</b> /P
NAME/COMPAN								NAME:	FRESENTA	
ADDRESS:								POSITION:	CITIZENSHIP:	
	UMBER		E-MA	[L:				SIGNATURE:		
TELEPHONE:		FACSIMILE:								DATE:
State your reason application of Imp	(s) for oort Permit									1
					EXI	PORTE	R			
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OTY	TYDE		BRE			ufacturer		ENGTH		PDIAL N-
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"WARNING: IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION ON THIS APPLICATION AND THIS MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR AUTHORISATION.

**MARCH 2023** 

	CONTROL No.								
QTY.	QTY. TYPE/ MAKE/ MODEL		MANUFACTURER COUNTRY NAME DATE			LENGTH BARREL OVERALI		SERIAL No.	
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