



Ministry of Defence and National Security
Male'
Republic of Maldives.

Weapon Details

Item No.	Type and Name	Category		Quantity	Caliber	Weapon Serial No.:	Weapon License No.:	Country of Manufacture
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					
		<input type="checkbox"/> A	<input type="checkbox"/> B					

[Company Stamp]

Signature:
Name:
Date:

Type:
Category A; Pistol, Revolver
Category B; Submachine gun, Rifle, Shotgun, Carbine

* Please use additional forms if required

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