

Records of illness and criminal conviction

Have you ever attempted to commit suicide, or suffered from any illness, including mental disorder, which may affect your capability in controlling the arms?

No Yes (*please provide details*)

Have you ever been convicted of a criminal offence in Hong Kong or elsewhere?

No Yes (*please give full details at below, use plain paper if insufficient space*)

| Date of conviction | Offence | Sentence | Venue of trial (including country) |
|--------------------|---------|----------|---------------------------------------|
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Part II : Authorization and Declaration of the Applicant

I DECLARE that the information and particulars submitted by me in support of this application are, to the best of my knowledge and belief, true, correct and complete. I understand that section 47 of the Firearms and Ammunition Ordinance, (Cap. 238) states that any person who makes any statement which he knows to be false or misleading, or recklessly makes any statement which is false, in a material particular for the purpose of procuring, whether for himself or another, the grant, renewal or amendment of a licence, or the grant of an exemption commits an offence and is liable to imprisonment for 2 years.

I hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Police Licensing Office, and to obtain information and/or to inquire into any and all my personal data (including my medical reports, etc) from any third party for the purpose of investigation into and/or enforcing any matters relating to my application/licence/exemption.

I also agree that the personal data provided by means of this form will be used by the Commissioner of Police for processing applications/updating record/ conducting all kinds of present and subsequent investigations/enforcing licensing conditions in connection with licences/exemption under the Firearms and Ammunition Ordinance (Cap. 238).

Applicant's Signature

Name of the Applicant (in BLOCK letter)

Date

**Confirmation Letter from the Employer to
an Application for Licence for Possession (Security Guard)
(to be completed by the Employer)**

To: Commissioner of Police
(Attn.: Superintendent Licensing)

I confirm that _____ *(Name of the Applicant)*
is currently employed by our company and is required to possess the arms and ammunition
of the licence as mentioned below in the course of his/her armed guard duties.

Name of Company/Employer : _____

Licence for Possession no. : _____

Date

Signature
of Employer/Authorized Officer
of the Company

Company Chop

Name/Position Held & Telephone Number