



Application No.:  
(For Official Use Only)

**HONG KONG POLICE FORCE**  
**Firearms and Ammunition Ordinance (Chapter 238)**  
**Application for Licence for Possession / Addition of Arms**  
**(For Shooting Club)**

Before completing this form, please read the 'Information Notes'

This application is - (Please "✓" as appropriate)

a new application

for addition of arms

Current Licence No. :

Type of arms under application –

Firearm  
Part

Air gun

Crossbow

Spear gun

Firearm Component

**Part I : Personal Particulars**

Please provide two recent full face photographs (4cm× 5cm) (for new application only)

Name in full : \_\_\_\_\_  
(English) (Chinese)

Type of Identity Document  
and No./HKID Card No. : \_\_\_\_\_

Chinese Commercial Code : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nationality : \_\_\_\_\_

Date of Birth : \_\_\_\_\_  Male  Female

Place of Birth : \_\_\_\_\_ Occupation : \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. : \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) Fax No. : \_\_\_\_\_

E-mail : \_\_\_\_\_

**For applicant not currently holding a valid licence/exemption issued under the Firearms & Ammunition Ordinance (Chapter 238)**

Have you ever applied for a licence/exemption under the Firearms & Ammunition Ordinance (Chapter 238)?

- No
- Yes Please state the date of previous application : \_\_\_\_\_

Was the application successful ?

No The reasons of unsuccessful application \_\_\_\_\_

Yes Previous licence/exemption number/date of issue and arms details : \_\_\_\_\_

Reasons of cancellation/revocation/non-renewal : \_\_\_\_\_

**For applicant currently holding a valid licence/exemption issued under the Firearms & Ammunition Ordinance (Chapter 238)**

*Details of your current licence(s)/exemption issued under the Firearms & Ammunition Ordinance (Chapter 238)*

**For applicant having experience in operating the type of business under application**

*Details of relevant experience in handling arms and ammunition/operating a shooting club*

**Records of illness and criminal conviction**

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

- No                       Yes *(please provide details)*

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

- No                       Yes  
*(please give full details. If there is insufficient space, please give details on supplementary sheets)*

| <u>Date of conviction</u> | <u>Offence</u> | <u>Sentence</u> | <u>Venue of trial</u><br>(including country) |
|---------------------------|----------------|-----------------|--|
|                           |                |                 |  |
|                           |                |                 |  |
|                           |                |                 |  |

**Part II : Business Details**

| <b>Name of the proposed Shooting Club</b> |  |
|---|--|
| English                                   |  |
| Chinese                                   |  |

*Office held by the applicant (the applicant shall be a responsible officer of the proposed shooting club)*

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**Type of Corporation/Unincorporated association of persons (Please “✓” as appropriate)**

- Sole proprietor
  Partnership  
 Corporation
  Unincorporated association of persons  
 Others (Please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the proposed shooting club is a sole proprietor, you are required to state**

|  |                          |                      |
|--|--------------------------|----------------------|
| (a) The date the company was formed        |                          |                      |
| (b) Details of the sole proprietor:        |                          |                      |
| <u>Name</u><br>(in English and in Chinese) | <u>Identity Card No.</u> | <u>Date of Birth</u> |
|  |                          |                      |

**If the proposed shooting club is a partnership, you are required to state**

|  |                          |                      |
|--|--------------------------|----------------------|
| (a) The date the partnership was formed    |                          |                      |
| (b) Details of partners:                   |                          |                      |
| <u>Name</u><br>(in English and in Chinese) | <u>Identity Card No.</u> | <u>Date of Birth</u> |
| (1)  |                          |                      |
| (2)  |                          |                      |
| (3)  |                          |                      |
| (4)  |                          |                      |
| (5)  |                          |                      |
| (6)  |                          |                      |
| (7)  |                          |                      |
| (8)  |                          |                      |
| (9)  |                          |                      |
| (10)                                       |                          |                      |
| (11)                                       |                          |                      |

**If the proposed shooting club is a corporation you are required to state**

|                                     |  |                          |                      |
|-------------------------------------|--|--------------------------|----------------------|
| (a) Registration date               |  |                          |                      |
| (b) Date and place of incorporation |  |                          |                      |
| (c) Details of directors:           |  |                          |                      |
|                                     | <u>Name</u><br>(in English and in Chinese) | <u>Identity Card No.</u> | <u>Date of Birth</u> |
| (1)                                 |  |                          |                      |
| (2)                                 |  |                          |                      |
| (3)                                 |  |                          |                      |
| (4)                                 |  |                          |                      |
| (5)                                 |  |                          |                      |
| (6)                                 |  |                          |                      |
| (7)                                 |  |                          |                      |
| (8)                                 |  |                          |                      |
| (9)                                 |  |                          |                      |

|                              |  |   |                      |
|------------------------------|--|---|----------------------|
| (d) Details of shareholders: |  |   |                      |
|                              | <u>Name</u><br>(in English and in Chinese) | <u>Identity Card/<br/>Business Registration Certificate No.</u> | <u>Date of Birth</u> |
| (1)                          |  |   |                      |
| (2)                          |  |   |                      |
| (3)                          |  |   |                      |
| (4)                          |  |   |                      |
| (5)                          |  |   |                      |
| (6)                          |  |   |                      |
| (7)                          |  |   |                      |

**If the proposed shooting club is an unincorporated association of persons, you are required to state**

|  |  |                          |                      |
|--|--|--------------------------|----------------------|
| (a) The date the association was formed  |  |                          |                      |
| (b) Details of the principal office bearers of the management or executive committee of the association (president, chairman, vice chairman, secretary or a similar office): |  |                          |                      |
|  | <u>Name</u><br>(in English and in Chinese) | <u>Identity Card No.</u> | <u>Date of Birth</u> |
| (1)  |  |                          |                      |
| (2)  |  |                          |                      |
| (3)  |  |                          |                      |
| (4)  |  |                          |                      |
| (5)  |  |                          |                      |
| (6)  |  |                          |                      |
| (7)  |  |                          |                      |
| (8)  |  |                          |                      |
| (9)  |  |                          |                      |
| (10)   |  |                          |                      |
| (11)   |  |                          |                      |

**Details of Club Premises**

*Address of the proposed shooting club*

Type of premises

shop

commercial building

godown/industrial building

others (please specify) \_\_\_\_\_

You are     the owner     the tenant     a sub-tenant     others \_\_\_\_\_

**Details of Shooting Range**

*Address of the proposed shooting range (please provide a layout plan of the shooting range)*

Type of premises

- shop
- commercial building
- godown/industrial building
- others (please specify) \_\_\_\_\_

You are  the owner  the tenant  a sub-tenant  others \_\_\_\_\_

**Details of armoury and storage of arms and ammunition**

*State the addresses of all premises to store arms and ammunition of the proposed shooting club (If arms and ammunition is/are stored at an armoury owned by your shooting club, please provide a sketch. If arms and ammunition is/are stored at an approved armoury owned by other arms dealer, please provide an agreement/documentary proof between your shooting club and the approved armoury.)*

Type of premises

- shop
- commercial building
- godown/industrial building
- others (please specify) \_\_\_\_\_

You are  the owner  the tenant  a sub-tenant  others \_\_\_\_\_

*The proposed maximum quantity of arms and ammunition to be stored in each armoury*





**Part III : 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 my personal particulars, including my criminal convictions record, to the Police Licensing Office and other relevant Police units, and to obtain information of and/or to inquire into any and all of my personal data from other government bureaux/departments/ organisations, which are required in processing my application and assessing my suitability and/or 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 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 and/or exemption granted under the Firearms and Ammunition Ordinance (Cap. 238).

Applicant's Signature :

Date :