G.P. & S. 77229-T.

64615–7
Form F.R. 12

# FIREARMS ACT: NOTIFICATION OF CHANGE OF NAME AND/OR ADDRESS

PART I

Instructions

1. The notification must be completed in DUPLICATE. Use blue ball-point when filling in the form.

2. No fee is required with this form.

3. (a) Where a *change of name* is involved, proof of such change must be produced with this form to your local Police Station. The Police Station will then forward this form to the Controller of Firearms.

   (b) Where the notification is for a *change of address only*, this form may be posted (by the applicant) direct to:—The Controller of Firearms,
   P.O. Box CY 847,
   CAUSEWAY.

## PART II TO BE COMPLETED BY THE APPLICANT

National Registration Number

Date of Birth .....

Surname (New surname where a change is being notified)

Other Names

Residential Address

Postal Address

Telephone number where you can be contacted during normal working hours in the event of a query.

Number ..... Exchange .....

Local Police Station (Name) .....

I am aware that the making of a false statement renders me liable to the penalties prescribed in the Firearms Act. I declare that the statements made above are true and correct.

Date ..... Signature .....

## PART III TO BE COMPLETED AT THE LOCAL POLICE STATION WHERE APPLICABLE

It is certified that the person whose name appears above has produced documentary proof that his/her name has been legally changed from (Enter person's previous name) .....

Official Stamp

Signature .....

Number ..... Rank .....

Name .....

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