

**Form 5**  
**APPLICATION FOR TEMPORARY PERMIT TO POSSESS ARMS OR AMMUNITION (RESIDENT)**  
(reg. 8(1)(a))  
REPUBLIC OF BOTSWANA  
ARMS AND AMMUNITION ACT  
(Cap. 24:01)

(To be made to Licensing Officer in duplicate)

1. Surname .....ID/Resident Permit No .....
2. Other names .....
3. Residential Address .....
4. Age ..... 5. Nationality .....
6. Occupation: .....
7. Other personal information, where appropriate:  
Employer's Name and Address .....
- Village ..... Ward .....
- Headman ..... District .....
- Town ..... Street.....
- Plot No. .... Resident Permit No.....
8. Arms for which permit is required:  
Registered owner of arms .....
- Type ..... Calibre.....
- Maker's name and identification number .....
- Registration Certificate No. ....
9. Ammunition required: No. of rounds ..... Calibre .....
10. Reasons for requiring temporary possession of arms .....
- .....
- .....
- .....
11. Period for which arms are required .....
12. I hereby apply for a temporary permit to possess the arms and ammunition specified in paragraphs 8 and 9 and I declare that the statements made above are true and complete in all respects.

Date .....

.....

Signature or Right Thumb Print

**Notes by Licensing Officer**

Fee paid P .....

O.R. No.....

Approved/not approved (Reasons where necessary) .....  
.....

Date Stamp:

.....  
Signature of Licensing Officer

Place issued.....