

Change of Information Form



Tax Registration Number (TRN): _____

Name of Applicant / Holder:

SURNAME

FIRST NAME

MIDDLE NAME

Kindly tick the box indicating the change(s) applicable

N.B. If you are submitting a relocation of current address from within this form, please complete the 'Declaration of Secure Location to Store Firearm form.'

Address

Telephone number

Employment Details

Other

I wish to advise the Firearm Licensing Authority that:

1. I have relocated to _____

2. I have changed contact number(s) to:

Mobile: (876) _____ Home: (876) _____ Work: (876) _____

3. I am now employed to _____ located at

4. Occupation: _____

5. Email: _____

6. Other: _____

Kindly update your records accordingly

Signature: _____

Date: DD / MM / YYYY
_____ / _____ / _____

FOR FLA USE ONLY

Verified by: _____

Signature: _____

Date: DD / MM / YYYY
_____ / _____ / _____