



**Form of Declaration of Firearms
(The Security Committee)**

Country:		
First Name:		
Surname Name:		
Title/ Position:		
Passport Number:	Issuing Authority:	Date of Issue:

Firearm:	Serial Number:	No. of Round of Ammunition:
Make/Model:	Type:	Ammunition:

Official in charge of providing this information:
Title/ Position:
Date:
Signature:

Note: _____
