

SECTION D — GENERAL INFORMATION

1. Have you ever operated any business under any name other than the company name (including your own name) specified on this Form? Yes No
2. Have you or your company ever been licenced under this Act? Yes No
If yes, give details
3. In case of an individual, are you an undischarged bankrupt? Yes No
If yes, give details
4. Is the company in liquidation or receivership? Yes No
If so, give details:
5. Do you or your company have licenced firearms? Yes No
If yes, complete form B.

SECTION E — DECLARATION

I certify that the information recorded on this form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation on this form may lead to the cancellation under section 13 of the Act of any Licence granted and may also lead to criminal prosecution under section 29 of the Act.

..... dd mm yy
(Applicant's Signature) (Date)

.....
Print Name

FOR OFFICIAL USE ONLY			
Interviewed by:		dd mm yy	Date:
Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Period	dd mm yy	To dd yy mm
Comments			
.....			
.....			
dd mm yy	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		dd mm yy
Operations Manager	Date	Executive Director	Date
Documents Submitted			
<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Tax Compliance Certificate	<input type="checkbox"/> Client List	
<input type="checkbox"/> Uniform description and photograph	<input type="checkbox"/> GCT Registration Certificate	<input type="checkbox"/> Directors Profile	
<input type="checkbox"/> Form 23	<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Nominal Roll	