

I HEREBY CERTIFY THAT THE ABOVE SAFE, STRONGROOM, DEVICE, APPARATUS OR INSTRUMENT HAS BEEN PHYSICALLY INSPECTED BY ME AND THAT IT COMPLIES WITH THE REQUIREMENTS FOR SAFES, STRONGROOMS, APPARATUS, DEVICES OR INSTRUMENTS FOR THE SAFE KEEPING OF FIREARMS IN TERMS OF REGULATION 28 OF THE ARMS AND AMMUNITION REGULATIONS, 1994.

7
Name of Designated Firearms Officer/police official in block letters

9
Rank of Designated Firearms Officer/police official in block letters

11
Signature of Designated Firearms Officer/police official

8 Date - -

10 Place

12 -
Persal number of Designated Firearms Officer/police official

OFFICIAL DATE STAMP
DATE RECEIVED