بسم الله الرحمن الرحيم

TFA FORM-02

Ministry of Defence
Male'
Republic of Maldives.

<u>Weapon Details</u>

Item No.	Type and Name	Category		Quantity	Caliber	Weapon Serial No.:	Weapon License No.:	Country of Manufacture
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					
		☐ A	☐ B					

Signature:
Name:
Date:

[Company Stamp]

***Type**:*
Category A; Pistol, Revolver
Category B; Submachine gun, Rifle, Shotgun, Carbine

** Please use additional forms if required*

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