

# GUNWORKS



Ph 03 342 - 1001

Fax# 03-342-1444

Email: gunsmith@gunworks.co.nz

## SELLER:

Name/Company: Gunworks

Address: Old West Coast Rd, Yaldhurst, Christchurch 7676 03-342-1001

Firearms Licence Number: P0066086

## FIREARM(s) :

Quantity in words	Description (e.g rifle)	Make	Model	Calibre	Serial Number

## AMMUNITION :

Quantity		Type	Calibre
	Boxes of	Rounds	
	Boxes of	Rounds	
	Boxes of	Rounds	
	Boxes of	Rounds	

## PURCHASER :

Surname: .....

First name(s): .....

Date of Birth: ...../...../.....

Postal Address: .....

Firearms Licence Number: .....

Signed (Purchaser): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Police Use Only

I ..... (QID: ..... Station:..... ) have inspected the purchaser's firearm licence and I am satisfied that he/she (delete one) is a fit and proper person to purchase the above firearm(s) and/or ammunition.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/ 2012