

NZ Police Mail Order Sales – Section 43A, Arms Act, 1983

Application date:  Day /  Month /  Year**SECTION 1 PURCHASER TO FILL IN ALL RELEVANT DETAILS IN THIS SECTION****SELLER / SUPPLIER:**

Surname:	<input type="text"/> GUY	Forename(s):	<input type="text"/> ROBERT		
Date of birth if not a licence holder:	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	Phone No:	<input type="text"/> Mobile	<input type="text"/> (07) 838 2220	
Business name:	<input type="text"/> GUN CITY HAMILTON		Email:	<input type="text"/> hammailorder@guncity.co.nz	
Firearms Licence No:	<input type="text"/> T5198175		Expiry date:	<input type="text"/> 15 / <input type="text"/> 05 / <input type="text"/> 2017	

**FIREARM(S) OR AIRGUN(S):**

Quantity	Description (e.g. Rifle)	Make	Model	Calibre	Serial Number

**AMMUNITION:**

Type of firearm(s) the ammunition will be used in	No. of boxes	No. rounds per box	Quantity	Type	Calibre

**PURCHASER DETAILS:**

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>		
Purchaser's delivery address: <i>(For firearms, must be licence holder's, Courier, Mail Co, or Firearms Dealer's address only)</i>	<input type="text"/>			Sellers reference or Invoice No: <input type="text"/>	
			Date: <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year		
The above address is my own: <input type="checkbox"/> Courier: <input type="checkbox"/> Mail Co: <input type="checkbox"/> Firearms Dealer: <input type="checkbox"/>			<input type="checkbox"/> You may append pages to this application if there is insufficient room.		
Phone No:	<input type="text"/> Mobile	<input type="text"/> Home	Email:	<input type="text"/> If you do not have email please provide street address	
Firearms Licence No:	<input type="text"/>		Expiry date:	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	
Date of birth if not a licence holder:	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year		Purchaser's signature:	<input type="text"/>	

**PROOF OF AGE: Required when purchasing an airgun and do not have a firearms licence**

Drivers licence No:	<input type="text"/>	Expiry date:	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	<input type="checkbox"/> Letter of support from Airgun Club attached, if purchasing restricted airgun from licensed Firearms Dealer
Other NZ Government issued photo ID: Document attached	Issue No: <input type="text"/>	Expiry date:	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	

**SECTION 2 POLICE USE – POLICE MEMBER RECEIVING APPLICATION**

<input type="checkbox"/> Purchaser's ID verified	<input type="checkbox"/> Firearm(s), Airgun(s), Ammunition correct	Receiving Officer signature or stamp:  Designation and date:	<input type="text"/> Signature  <input type="text"/> QID  <input type="text"/> Designation <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year
<input type="checkbox"/> Purchaser's licence sighted and confirmed as current (NIA checked)	<input type="checkbox"/> Delivery address for this purchase checked and (NIA checked)		

**SECTION 3 POLICE USE – TRANSACTION AUTHORISATION BY ARMS OFFICER**

I have inspected both the Seller's and Purchaser's Firearms Licence records (or relevant identification records where this application relates to airgun purchases) and I am satisfied that he / she is a fit and proper person to purchase the Firearm(s), Airgun(s) and / or Ammunition listed herein.

Member of Police:	<input type="text"/>	QID:	<input type="text"/>	Designation:	<input type="text"/>
Station:	<input type="text"/>	Email:	<input type="text"/>	Arms Office phone no:	<input type="text"/>
<input type="checkbox"/> Y / <input type="checkbox"/> N Authorisation emailed direct to seller	Approving Police Employee signature or stamp and date:  <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year		Authorisation expiry date  <input type="text"/>		
<input type="checkbox"/> Y OR mailed direct to seller					
<input type="checkbox"/> Y Original purchase order attached (if relevant) Copy of this application (and purchase order) filed					

## Gun City Branches

### Which store did you purchase from?

Please tick

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#### AUCKLAND

Company Name: *Gun City Auckland*  
 Address: *706 Great South Road, Penrose, Auckland*  
 Firearms Licence Number: *T5165697*  
 Phone: *(09) 308-9000* Fax: *(09) 620-0234*  
 Email: *aklmailorder@guncity.co.nz*

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#### HAMILTON

Company Name: *Gun City Hamilton*  
 Address: *473 Anglesea Street, Hamilton*  
 Firearms Licence Number: *T5198175*  
 Phone: *(07) 838 2220*  
 Email: *hammailorder@guncity.co.nz*

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#### WELLINGTON

Company Name: *Gun City Wellington*  
 Address: *87 Hutt Road, Thorndon, Wellington*  
 Firearms Licence Number: *T5209375*  
 Phone: *(04) 891-8888* Fax: *(04) 939 6773*  
 Email: *wgnmailorder@guncity.co.nz*

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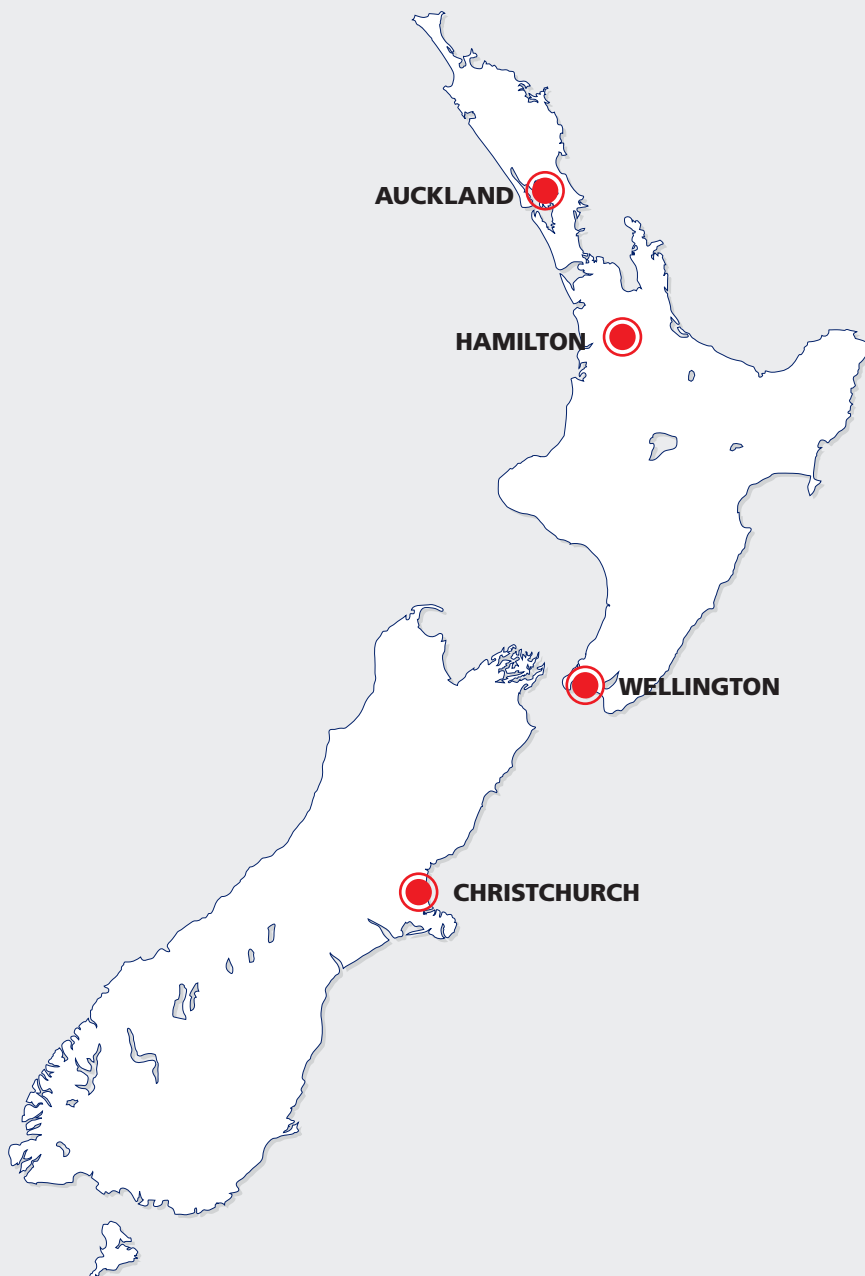
#### CHRISTCHURCH

Company Name: *Gun City Christchurch*  
 Address: *5/484 Cranford Street, Papanui, Christchurch*  
 Firearms Licence Number: *T5101394*  
 Phone: *(03) 379-8888* Fax: *(03) 379-8543*  
 Email: *chcmalorder@guncity.co.nz*

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#### ONLINE

Company Name: *Gun City Online*  
 Address: *5/484 Cranford Street, Papanui, Christchurch*  
 Firearms Licence Number: *T5101394*  
 Phone: *(03) 379-8888* Fax: *(03) 379-8543*  
 Email: *mailorder@guncity.co.nz*



### Store Sales Contact

If you bought in-store, which salesperson sold you the firearm?

SALES CONTACT:

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### Online Sales Contact

If you bought online, where you you make your purchase?

SALES CONTACT (please tick):

Trademe ☐ guncity.com ☐