GRØNLANDS POLITI

This form must be returned to:

Grønlands Politi Servicesektionen Postboks 1006 DK-3900 Nuuk grl-stab-service@politi.dk

First name(s)/sur	rname:									
Adress:				Po	Postal code:					
City:				C	Country:					
				C	Country of birth:					
Phone number:				D	Date of birth:					
E-mail:										
Applying for per	rmission from Greenla	nd to:								
Country:		For how long i	For how long is the firearm to stay abroad?							
To export the fo	llowing firearm(s):	-								
Туре	Fabricant	Model		Manufacture number		Calibre	Fully Semi automatic Manual		Manual	
To export the following ammunition:					Colibre					
Amount	Туре				Calibre		<u>re</u>			
Recipient in Denmar	rk or abroad:					·				
First name(s)/surname:		E-mail:	E-mail:		Phone number:		Date of birth:			
Residence address:		Postal code:	Postal code:		City:		Country:			
firearms/ammunition Similar conditions m	ay be prohibited to import find must be submitted to the class apply to other countries, untry where the firearm/amn	hief of police in the police which is why you should s	district secure t	where the ap	oplicant lives or in	ntends to live/	reside.	•		

By signing, I consent to the police obtaining information regarding my personal circumstances, including any criminal offenses.

Signature:

Date: