



**THE REPUBLIC OF UGANDA  
NON-ALIGNED MOVEMENT SUMMIT, KAMPALA 2024**

**FORM C-1**

**FIRE ARM REGISTRATION FORM** (To be filled by each individual)

***(To be attached with a note verbale)***

COUNTRY/ORGANIZATION \_\_\_\_\_

TEL NO \_\_\_\_\_

FIRST NAME (MR/MRS/MS) \_\_\_\_\_

SURNAME/FAMILY NAME \_\_\_\_\_

NATIONALITY \_\_\_\_\_

SEX \_\_\_\_\_

JOB TITLE \_\_\_\_\_

PASSPORT NO. \_\_\_\_\_

MAKE, MODEL AND CALIBER OF WEAPON \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

NUMBER OF ROUNDS OF AMMUNITION \_\_\_\_\_

SPECIAL EQUIPMENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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FORM C-2

**RADIO COMMUNICATION EQUIPMENT**

*(To be attached with a note verbale)*

Country/Organization\_\_\_\_\_

Contact Person & Tel No.\_\_\_\_\_

S/n	Name of Holder	Passport No	Type of equipment	No. of equipment	Frequency range	Bandwidth