

TESTIMONIAL REFERENCES FOR COMPETENCIES

This questionnaire needs to be completed as follow: If you are married, one testimonial needs to be completed by the spouse or if you are not married a family member needs to complete the testimonial. The other testimonial needs to be completed by a non-family member example, friend, neighbor or colleague. **Question 3 to 8** must be properly motivated by the person completing the questionnaire full answers just **YES** or **NO** answers **will not be accepted** need to write full description.

DETAILS OF PERSON COMPLETING THIS QUESTIONNAIR: Full

Names and Surname: _____

Residential address: _____

Tel. no. (H) () _____

Tel. no. (W) () _____

Tel. no. (C) () _____

ID No.: _____

1) WHAT IS YOUR RELATION TO THE APPLICANT? _____

2) HOW LONG HAVE YOU KNOW THE APPLICANT? _____

3) WOULD YOU SAY THAT THE APPLICANT IS RESPONSIBLE/ SUITED TO POSSESS A FIREARM? WHY?

4) ARE YOU OF THE OPINION THAT THE APPLICANT HAS PROBLEMS CONTROLLING HIS/ HER TEMPER OR ANY EMONTIONAL PROBLEMS THAT MAY HAVE A INFUENCE ON POSSESSING AFIREARM?

5) HOW DOES THE APPLICANT DEAL WITH CONFLICT IN GENERAL?

6) ARE YOU OF THE OPINION THAT THE APPLICANT MISUSES ALCOHOL/ HABIT-FORMINGSUBSTANCES?

7) NAME THE ASPECTS THAT MUST BE CONSIDERED WHEN THE APPLICANT, APPLICATION IS CONSIDERED.

8) IS THERE ANY REASON ACCORDING TO YOU, WHICH SHOULD DISQUALIFY THIS APPLCANT TO POSSESS A FIREARM?

(SIGNATURE)

(DATE)