



## Sindh Safe Cities Authority

### Form No. 2A (Arming/Disarming Request Form for Vehicle)



Reference No. \_\_\_\_\_

Date \_\_\_\_\_

Details of Requesting Deptt.	Case Type (Crime/Missing/ Other)	Case Details (Also Mention FIR No., U/s)	Vehicle Particulars	Picture Provision Status	Required Action
Deptt:			Type:	<input type="checkbox"/> <b>Provided</b>  <input type="checkbox"/> <b>Not Provided</b>	<input type="checkbox"/> <b>Arm</b>  <input type="checkbox"/> <b>Disarm</b>
Zone:			Reg. No.:		
District:			Make:		
PS:			Model:		
			Color:		
		Any Distinct Feature:			

Any additional details: \_\_\_\_\_

Contact details in case of vehicle is detected: \_\_\_\_\_

**REQUESTING OFFICER (IO/SIO/SHO/DO)**

Name:  
Rank:  
CNIC No.  
Signature:  
Date:  
Contact No.:

**AUTHORIZING OFFICER (SP/BPS-18)**

Name:  
Rank:  
Signature:  
Date:  
Stamp:

**For SSCA Office Use Only.**

RECEIPT	APPROVAL	SYSTEM ENTRY	ACKNOWLEDGEMENT
Inward/Entry No.:	Name:	Name:	Name:
Date:	Rank:	Rank:	Rank:
Name:	Signature:	Signature:	Signature:
Rank:	Date:	Date:	Date:
Signature:	Stamp:	Entered As	I acknowledge that on my request, the vehicle is:
Date:		<input type="checkbox"/> Armed	<input type="checkbox"/> Armed
		<input type="checkbox"/> Disarmed	<input type="checkbox"/> Disarmed

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Issue: SOP 2.0, dated: 18-02-2026



## Sindh Safe Cities Authority

### Form No. 2B (Arming/Disarming Request Form for Person)



Reference No. \_\_\_\_\_

Date \_\_\_\_\_

Details of Requesting Deptt.	Case Type (Crime/Missing/Other)	Case Details (Also Mention FIR No., U/s)	Person Particulars	Picture Provision Status	Required Action
Deptt:			Name:	<input type="checkbox"/> <b>Provided</b>  <input type="checkbox"/> <b>Not Provided</b>	<input type="checkbox"/> <b>Arm</b>  <input type="checkbox"/> <b>Disarm</b>
Zone:			Parentage:		
District:			CNIC:		
PS:			Gender:		
			Age:		
		Any Distinct Feature:			

Any additional details: \_\_\_\_\_

Contact details in case of vehicle is detected: \_\_\_\_\_

<p style="text-align: center;"><b><u>REQUESTING OFFICER (IO/SIO/SHO/DO)</u></b></p> <p>Name: _____</p> <p>Rank: _____</p> <p>CNIC No. _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Contact No.: _____</p>	<p style="text-align: center;"><b><u>AUTHORIZING OFFICER (SP/BPS-18)</u></b></p> <p>Name: _____</p> <p>Rank: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Stamp: _____</p>
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**For SSCA Office Use Only.**

RECEIPT	APPROVAL	SYSTEM ENTRY	ACKNOWLEDGEMENT
Inward/Entry No.: _____  Date: _____ Name: _____ Rank: _____ Signature: _____ Date: _____	Name: _____ Rank: _____ Signature: _____ Date: _____ Stamp: _____	Name: _____ Rank: _____ Signature: _____ Date: _____ Entered As <input type="checkbox"/> Armed <input type="checkbox"/> Disarmed	Name: _____ Rank: _____ Signature: _____ Date: _____ I acknowledge that on my request, the person is: <input type="checkbox"/> Armed <input type="checkbox"/> Disarmed

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