



THE PRIVATE SECURITY REGULATION AUTHORITY  
APPLICATION FOR LICENCE / RENEWAL



Ministry of National Security

Instructions

All sections **MUST** be completed in the applicant's **OWN** handwriting and in **BLOCK** letters. Where an application is completed online, the completed form must be printed and the applicant sign in the presence of a member of the Authority. Completed Forms **MUST** be accompanied with original and copies of the following documents: Article and Memorandum of Association, Certificate of Incorporation, Form 23 filed at the Registrar of Companies, Birth Certificate, C.R.O. Report, T.R.N., GCT Registration Certificate, Uniform description and photograph, Director's Profile, Proof of Insurance, Current Tax Compliance Certificate, list of Security Personnel and client listing for renewal of licence.

SECTION A — LICENSING DETAILS

1. Indicate whether: ☐ New Applicant ☐ Application For Renewal

dd mm yy

2. Application date: -- -- -- -- -- Licence No. ( Renewal only )

3. Name of Company or Individual:

Address of Company or Individual:

Telephone No.: Fax No.: Company Email Address:

No. of Branches: Address and telephone No.:

4. Type of Business ☐ Private Investigators Organization ☐ Security Consulting Organization ☐ Proprietary Security Organization ☐ Body Guarding Organization ☐ Contract Security Organization ☐ Security Equipment ☐ Armoured Services ☐ Response Services

5. Number of employees: Number of Client Locations:

Client Name: Address:

Client Name: Address:

Attach list if Number exceeds two (2).

SECTION B — COMPANY DIRECTORS

Name:	Address (Home)	Phone No. (Home)	Position held in company

SECTION C — INSURANCE

Insurance Company: Policy No.

dd mm yy

Effective Date: Expiry Date: dd mm yy



SECTION D — GENERAL INFORMATION

1. Have you ever operated any business under any name other than the company name (including your own name) specified on this Form?

☐ Yes☐ No
2. Have you or your company ever been licenced under this Act?

☐ Yes☐ No

If yes, give details
3. In case of an individual, are you an undischarged bankrupt?

☐ Yes☐ No

If yes, give details
4. Is the company in liquidation or receivership?

☐ Yes☐ No

If so, give details:
5. Do you or your company have licenced firearms?

☐ Yes☐ No

If yes, complete form B.

SECTION E — DECLARATION

I certify that the information recorded on this form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation on this form may lead to the cancellation under section 13 of the Act of any Licence granted and may also lead to criminal prosecution under section 29 of the Act.

(Applicant's Signature)

ddmmyy

(Date)

Print Name

FOR OFFICIAL USE ONLY

ddmmyy

Interviewed by:Date:

ddmmyyddyy

Recommended☐ Yes☐ NoPeriod:To

Comments

ddmmyyddmmyy

Operations ManagerDateApproved☐ Yes☐ NoExecutive DirectorDate

Documents Submitted

☐ Certificate of Incorporation

☐ Uniform description and photograph

☐ Form 23

☐ Tax Compliance Certificate

☐ GCT Registration Certificate

☐ Proof of Insurance

☐ Client List

☐ Directors Profile

☐ Nominal Roll