

SUBMISSION OF PARTICULARS OF ADMIN AND MANAGEMENT STAFF IN AGENCY
 UNDER SECTION 9(1) / SECTION 17(1) OF PRIVATE SECURITY INDUSTRY ACT

To: Licensing Officer
Police Licensing & Regulatory Department (PLRD)
Fax: 65573485

Name of agency: _____

Correct as on (date): _____

S/N	NAME	NRIC/ F/N or PASSPORT NO.	APPOINTMENT IN AGENCY	DATE STARTED	DATED CEASED

DECLARATION

I declare that all above information are true and correct.

Submitted by : _____
 (Name and Signature)

Contact no : _____