

**UPDATED CONTACT DETAILS OF
SECURITY AGENCY / PRIVATE INVESTIGATION AGENCY**

To: Licensing Officer

Police Licensing & Regulatory Department (PLRD)

Fax: 65573485

Name of Company (SGA, PIA, PISA)	
Name of licensee	
Home Address	
Postal Code	
Handphone No	
Office Tel No	
House Tel No	
Office Fax No	
Email Address	
Name of alternate person to contact in case licensee is out of country	
Appointment in company	
Handphone No	
Tel No	
Email Address	

*** I declare that all above information submitted are true and correct and will update the information online promptly.**

Submitted by : _____
Name / Signature / Date