## APPLICATION FORM FOR SECURITY AGENCY / PRIVATE INVESTIGATION AGENCY LICENCE RENEWAL

To: The Licensing Officer, Security Industry Division, Police Licensing & Regulatory Department

1		(Name/NRIC), Director / So	.e
Proprietor / Partner of		( Agency Name) wish to rene	W
the licence to operate a Se	curity Agency / Private Invest	tigation Agency. <b>I confirm that my</b>	
agency's operating addr	ess are as follows:		
Details of Licensee			
Name of Agency:			
Name of Director/ Partner	/Sole Proprietor:		
Home address:			
NRIC:	Home (tel):	HP:	
Office (tel):	Fax:	Email:	
Signature of main contact p	person:		
Date:			