

FORM 5

**APPLICATION FOR APPROVAL TO CARRY OUT CERTAIN
SECURITY ASSIGNMENTS UNDER SECTION 11 OF THE PRIVATE
SECURITY INDUSTRY ACT 2007**

Note: The fill out form shall be submitted to the Licensing Officer via email
(SPF_PLRD_SID@spf.gov.sg)

PART I — PARTICULARS OF APPLICANT

Name: _____

Appointment in Private Investigation Agency or Employing Company/Business:

Address: _____

Email Address: _____

NRIC/FIN No.: _____

Nationality: _____

Date of Birth: _____

Contact No. (Mobile/Home/Office No.): _____

**PART II — PARTICULARS OF PRIVATE INVESTIGATION AGENCY
OR EMPLOYING COMPANY/BUSINESS**

Name of Private Investigation Agency or Employing Company/Business:

ACRA/RCS¹ Registration No.: _____

Address of Private Investigation Agency or Employing Company/Business:

Contact No.: _____

Fax No.: _____

PART III — DETAILS OF SECURITY ASSIGNMENT

Name of Client: _____

(* If the client is engaging the services on behalf of his employing company/business or foreign government agency, please indicate the company/business or foreign government agency.)

NRIC/FIN/Passport² No.: _____

Address: _____

Nationality: _____

Contact No. (Mobile/Home/Office No.): _____

<u>Nature of Security Assignment</u> ³	<u>Duration</u>
_____	_____
_____	_____
_____	_____
_____	_____

PART IV — DETAILS OF SECURITY EQUIPMENT TO BE USED DURING SECURITY ASSIGNMENT (if applicable)

<i>Name of security equipment</i>	<i>Make/Model</i>	<i>Country of Origin</i>

PART V — DECLARATION

I declare that all the information given in this application is true and correct to the best of my knowledge.

Date

Signature of Applicant

¹ RCS refers to Registry of Co-operative Societies.

² Applicable to foreigners only who do not possess FIN Nos.

³ Please indicate clearly the details of the security assignment required by the client. If the assignment is one under section 11(2)(b) or (c) of the Private Security Industry Act 2007, please also indicate the individual or premises concerned.