

TO	KOLEKA FABA – Koleka.FABA@psira.co.za
FAX	(012) 324 3337/8
OR	PRIVATE BAG X817 PRETORIA 0001



NAME AND/OR TRADING NAME OF SECURITY SERVICE PROVIDER	
SIRA REGISTRATION NUMBER	
PHYSICAL ADDRESS	
	POSTAL CODE:
POSTAL ADDRESS	
	POSTAL CODE:
TELEPHONE NO.	
TELEFAX NO.	
CELLPHONE NUMBER	
E-MAIL ADDRESS	
CONTACT PERSON IN EVENT OF QUERIES	
FULL NAMES OF AUTHORISED USERS: (PRINTED)	1.
	2.
	3.
SIGNATURE OF DIRECTOR/ MEMBER/TRUSTEE/ OWNER/PARTNER OF SECURITY SERVICE PROVIDER	DATE:

DISCLAIMER: Psira accepts no responsibility for any loss or damage of whatsoever nature that may be caused or brought about, directly or indirectly, by the use of this Internet website or reliance on any information contained therein.

The signatories also confirm and undertake to ensure that any information updated on the Authority's database pertaining to the business's records as contemplated in the register of Security Service Providers (Section 24) is true and accurate.