PRIVATE SECURITY INDUSTRY REGULATORY AUTHORITY PRIVATE BAG X817 PRETORIA 0001



Private Security Industry Regulatory Authority (PSIRA)

Tel no: (012) 003 0500/1 086 133 3850 Fax no: 086 219 0810

APPLICATION FOR THE WITHDRAWAL OF REGISTRATION I.R.O. A REGISTERED SECURITY SERVICE PROVIDER (BUSINESS) IN TERMS OF REGULATION 11 MADE UNDER THE PRIVATE SECURITY REGULATION ACT NO 56 OF 2001 [PSIRA-29]

. .

suspension of registr	ration/upliftment of suspension curity service provider.	mentioned security business, hereby make application for n/withdrawal of registration (delete as appropriate) of the
		Withdrawal of registration
Application for (in	on de appropriate,	
Application for (tid	ck as annronriate)	
1 Onta Registratio	n Number	
PSIRA Registratio		
Name of security s (business)	service provider	

NOTES:

This application must be accompanied by:

- Payment of the prescribed fee of R470.00
- A resolution in such format as may be prescribed by the Authority passed at a duly constituted meeting of the owners/directors/members/trustees/partners of the security business authorizing the owner/director/member/partner/trustee signing this application to do so.
- Original certificate must be returned to our offices when requesting closure of the security service provider.
- Attach a letter stating that all employees must be terminated.

Specimen resolution to be submitted with application for the suspension/upliftment of suspension/withdrawal of registration of a security service provider (security business)

Resolution passed at a duly constituted meeting of the					
(owner/directors/members/trustee (registered name of	es/partners) of				
business),		(registration number) held at			
(place) at	(time) on	(date).			
Resolved:					
That		(name of natural person) in his/her capacity as			
application to	owner/director/member/tru	ustee/partner) be and is hereby authorized to make			
the Private Security Industry Reg Act 56 of	ulatory Authority in terms o	Section 21 of the Private Security Industry Regulation			
2001 on behalf of		(registered name of business) to			
withdraw the registration of		(registered name of business).			

We confirm that we h	ave fully acquainted ourselves with	the effect of this resolution.	
Specimen signature	of duly authorized person		
Certified Correct			
Name	Capacity	Signature	Date
Name	Capacity	Signature	Date
Name	Capacity	Signature	Date
Name	Capacity	Signature	Date
Name	Capacity	Signature	Date
Name	Capacity	Signature	Date
(all owners/directors/	members/trustees/partners to sign)		