



PRIVATE SECURITY INDUSTRY REGULATORY AUTHORITY

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ACCESS TO ONLINE DIGITAL SYSTEM – NEW USER ACCOUNT

Please email the request to OnlineServices@psira.co.za

SECTION A – COMPANY INFORMATION			
NAME AND/OR TRADING NAME OF SECURITY SERVICE PROVIDER			
SIRA REGISTERED NUMBER			
PHYSICAL ADDRESS			
		POSTAL CODE:	
TELEPHONE NUMBER		CELLPHONE NUMBER	
EMAIL ADDRESS			

SECTION B – AUTHORISED USERS WHO WILL BE USING THE SYSTEM	
Full Names of Authorized Users (1)	
Full Names of Authorized Users (2)	
Full Names of Authorized Users (3)	
Full Names of Authorized Users (4)	
Full Names of Authorized Users (5)	
IF THE LIST IS LONGER THAN 5, PLEASE USE THE COMPANY LETTER HEADER AND WRITE THE ADMINISTRATORS NAME ON IT.	

SECTION C - APPROVAL			
NAME AND SURNAME OF APPROVER		POSITION	
SIGNATURE OF APPROVER		DATE	DD/MM/YYYY

DISCLAIMER: The approver (**Director\Member\Trustee\Owner\Partner of Security Service Provider**) warrants that 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.

OFFICIAL USE ONLY			
NAME AND SURNAME		POSITION	
CAPTURED AND APPROVED DATE		DATE	DD/MM/YYYY