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 VOLUNTARY SUSPENSION 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-29B]

Name of security service provider (business) **PSIRA Registration Number** Application for (tick as appropriate) **Voluntary Suspension of registration** I, the undersigned, duly authorized by the abovementioned security business, hereby make application for suspension of registration/upliftment of suspension/withdrawal of registration (delete as appropriate) of the abovementioned security service provider. Reason for application: name of owner/ Signature of owner/director/ director/member Date: member/partner / partner/trustee duly authorized / trustee

## **NOTES:**

This application must be accompanied by:

- Payment of the prescribed fee of R 3 620.00 when applying for voluntary suspension.
- 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)

			BUSIN	ESS LETT	ERHEAD					
Resolution	passed	at	а	duly	constitu	uted	meetir	ng	of	the
(owner/director (registered nan	s/members/trus ne of	tees/partne	rs) of							
business),						(registrati	on	number)	held	l at
(place) at			_(time) or	1		(d	late).			
Resolved:										
That					(name of	natural pers	son) in	his/her ca	pacity a	ıs
application to		(owner/	director/me	ember/trust	ee/partner)	be and is	hereby	authoriz	ed to	make
the Private Sec Act 56 of	curity Industry F	Regulatory /	Authority in	n terms of S	Section 21 o	f the Private	e Secu	rity Indust	ry Regu	ulation
2001 on beha	olf ofegistration of					stered name		,	to volu	ıntary

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)		