

Form I
(See rules 3 and 5)

**APPLICATION FOR GRANT OF LICENCE /RENEWAL OF LICENCE TO
ENGAGE IN THE BUSINESS OF PRIVATE SECURITY AGENCY**

To

The Controlling Authority

The undersigned hereby applies for obtaining a licence to run the business of operating services in the area of Private Security Agencies

1. Full name of the applicant:
2. Nationality of the applicant:
3. Son/wife/daughter of:
4. Residential Address:
5. Address ,where the applicant desires to start his Agency:
6. Name of the Private Security Agency:
7. Additional details of the Private Security Agency (if applicable):
 - (a) CIN No.....
 - (b) ESI No.....
 - (c) EPF No.....
 - (d) Labour Licence No.....
 - (e) Labour Registration No.....
 - (f) GST No.....
 - (g) Any other information.....
 - (h) Whether the Agency has FDI? (Yes/No).....

If Yes, Give the following information;

 - (i) Country of FDI :.....
 - (ii) Name of foreign shareholder:.....
 - (iii) Address of foreign shareholder :.....
 - (iv) Year of investment:.....
 - (v) No. of shares:.....
 - (vi) Percentage of foreign shareholding:.....
 - (vii) Approval details of FDI:

(Please attach the relevant document of FDI approval.)

8. Name and addresses of Proprietor, partner, Majority shareholder, Director and Chairman of the Agency:

S.No.	Management Type (Proprietor/partner/Majority shareholder/Director/Chairman)	Name	Address	DIN No. (if held)	ID Proof with no.

9. Name and extent of facilities available:

10. (a) Does the applicant possesses the training facility in its own or will get it on outsourcing basis?.....

(b) If the applicant has own training facility, please provide the following information:

Name of training agency:

Address of Training agency:

Recognition details of Training agency:.....

11. Equipments which will be used for Security services

(a) Door Framed Metal Detector (DFMD)

(b) Hand Held Metal Detector (HHMD)

(c) Mine Detector

(d) Other Equipments

(i) Wireless Telephones

(ii) Alarm Devices

(iii) Armoured Vehicles

(iv) Arms

12. The particulars of the uniform including color. (Please attach color photo of uniforms).

13. Does the applicant intends to operate in more than one districts? If so the name of the Districts 1._____ 2._____ 3._____ 4._____ 5._____

14. Does the applicant intend to operate in the entire state? Yes/No

Signature

Name of the applicant

Address of the application

Telephone number of the applicant

Date of application

Enclosure:

1. Photo of the premises of the Agency.
2. ID Proof of all Management personnel.
3. Recognition details of training agency (if applicable).
4. Colour photo of uniforms.
5. Documents (if applicable) under the agency details given in Para 7 above.
6. Copy of current Income tax Clearance Certificate.
7. Affidavit as prescribed in Section 7 sub-section (2) of the Act
8. Other enclosures.