

APPLICATION FORM FOR APPROVAL TO OPERATE A PROTECTIVE SERVICE AGENCY WITHIN THE MEANING OF THE SUPPLEMENTAL POLICE AT CHAPTER 15:02

To be Completed by a *Director or Officer* of the Company

1. Has the Company ever used, operated under, or carried on business under any other name than the name in which this application is submitted?

YES NO

If so, give particulars.

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2. Does the Company have any Financial or other interest in any other business providing Security Guards and Escorts

YES NO

If so, give particulars.

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2A. Does the Company have any financial interest or other interest in any other Company.

YES NO

If so, give reasons.

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3. Is the Company incorporated outside of Trinidad and Tobago with an established place of business in Trinidad and Tobago?

YES

NO

If so, give particulars

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4. Banks or other financial institution where the Company has been known:

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Length of time account maintained:

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5. Is the Company in Receivership?

YES

NO

If so, give particulars

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6. Has any Judgement of any Court been issued against the Company?

YES

NO

If so, give particulars

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7. Address of Business

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I. Is this an office building or similar business premises?

YES NO

II. Is this a Private Residence?

YES NO

If so, [a] Is office set apart from dwelling ?
[b] Is office readily accessible to the general Public by means of a separate entrance?

YES NO

8. Address for Service

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9. The names, residence, addresses and telephone numbers of the Company Directors, and Officials are set out below.

<u>Name In Full</u>	<u>Residence Address</u>	<u>City Residence Telephone No</u>	<u>Officials</u>
.....			Chairman
.....			Vice Chairman
.....			Secretary
.....			Treasurer
.....			Director

State Whether Active Or Non-Active Security Guard Or Escort

Do any Officers or Directors of the Company have any financial or other interest in any other business providing security guards and escorts.

YES NO

If so, give date of registration and principal object of the Company.

11. **Has the Company been registered under the Companies Act?**

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12. **Proposed uniform to be work by Company. [Photograph in coloured to be Submitted).**

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AFFIDAVIT

[OF Director of Officer of Company]

TRINIDAD AND TOBAGO

I
Of the.....
In theof Trinidad
And Tobago, make oath and say.

1. I am.....
[State Position In Company]
of.....
[Name of Company]
.....

and on its behalf I signed the foregoing application for approval to operate a Protective Service Agency within the meaning of the Supplemental Police Act Chapter 1502.

2. **The information given in the application is true.**

3. **Sworn before me at**
In.....on the.....day of.....

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Commissioner of Oath