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# FORM 1

## THE PRIVATE SECURITY SERVICES LAW 2007

## THE PRIVATE SECURITY SERVICES REGULATIONS 2008

### Application for Security Business License to be issued to an individual

(This form must be completed by the applicant for the license)

Name of company.

1. **Print** your full name, **LOCAL** address and **LOCAL** telephone numbers

SURNAME: _____ MIDDLE: _____ FIRST: _____

Address: _____

Phone Numbers: (H) _____ (C) _____

**Print** full name, address and telephone numbers of closest relative:

SURNAME: _____ MIDDLE: _____ FIRST: _____

Address: _____

Phone Numbers: (H) _____ (C) _____

Your date of birth: DD/MM/YY _____ Country of birth: _____

ARE YOU A CAYMANIAN? YES ☐ NO ☐

DO YOU POSSESS CAYMANIAN STATUS? YES ☐ NO ☐

DO YOU POSSESS PERMANENT RESIDENCY? YES ☐ NO ☐

IF NOT, WHAT IS YOUR NATIONALITY AND HOW LONG HAVE YOU BEEN RESIDING IN THE CAYMAN ISLANDS?

_____

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**APPLICANT MUST SUBMIT THE RELEVANT DOCUMENT (S) TO SUPPORT ANSWERS TO QUESTIONS 2. (a) (b) (c) or (d) AS APPLICABLE.**

2. **Print** your full name, **OVERSEAS** address and **OVERSEAS** telephone numbers

SURNAME: _____ MIDDLE: _____ FIRST: _____

Address: _____

Phone Numbers: (H) _____ (C) _____

3. **Provide the relevant information for the following: (Mark (N/A) where question is not applicable)**

(a)
Temporary Work Permit No. _____ Expiry Day: _____ dd/mm/yy _____

(b)
Work Permit No. _____ Expiry Day: _____ dd/mm/yy _____

(c)
Gainful Occupation Lic. No. _____ Expiry Day: _____ dd/mm/yy _____

(d)
Name of Pension Plan Provider: _____
Telephone Number: _____
Administrator: _____

(e)
Name of Health Insurance Provider: _____
Telephone Number: _____
Issued Date: _____ dd/mm/yy Expiry Date: _____ dd/mm/yy

(f)
Name of the Security Company: _____
Address: _____
Telephone Number: _____

(g)
Detail description of uniform: _____

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Detail description of vehicle including Reg. No., expiration date of vehicle Reg., name of Insurance Company and expiration date of Ins. Certificate:

Registration Number: _____
Vehicle Model: _____
Expiration Date of Vehicle Coupon: _____
dd/mm/yy

Company of Vehicle Insurance: _____
Expiration Date of Vehicle Insurance: _____
dd/mm/yy

4. Have you ever been convicted of a Criminal or Traffic offence in any country? YES ☐ NO ☐

If yes, give details of any offence (s) the year (s) and Country in which conviction (s) were committed:

| OFFENCES | COUNTRY | YEAR OF CONVICTION |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Applicant to provide a current Cayman Police record if you are a resident in the Cayman Islands for more than 6 months or a Police record from a foreign country of origin if resided in for the last 6 months.**

**Applicant to provide two (2) color full face passport size photographs which are to be notarized.**

5. Have you ever been refused a Security Business License? YES ☐ NO ☐

If yes, state the reasons: _____

6. Is the applicant currently the subject of any resolution or petition for its winding up? YES ☐ NO ☐

If yes, give details: _____

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7. Is any director or the applicant an undercharged bankrupt? YES ☐ NO ☐

   If yes, give details: _____

8. Is any director or the applicant currently subject to the provisions of a deed of arrangement or other scheme or arrangement with creditors? YES ☐ NO ☐

   If yes, give details: _____

9. Give details of relevant training or experience of Directors/Managers of the company in the business of providing security guards or technicians:

   _____

   _____

   Give details of proposed courses of training to be provided to security guards or technicians:

   _____

   _____

**I DECLARE** that the information furnished in this application is true and correct to the best of my knowledge and belief.

_____ _____

(Signature of applicant) (Date)

**Note: The Private Security Services Law 2007 provides penalties for false or misleading statements in this application. Form revised 8th November 2010.**