

FORM VI
(see rule 9 (1))

**LICENCE TO ENGAGE IN THE BUSINESS OF
PRIVATE SECURITY AGENCY**

Sl.No. _____

Date _____

Thiru _____ (name of the Applicant)

S/o _____ Resident of _____

(Full Address) _____ is granted the licence by
the Controlling Authority for the State of Tamil Nadu to run the business of Private
Security Agency in the district(s) of / State of (Strike of the inapplicable words)
_____ with office at _____
(address of the office)

Place of Issue _____

Date of Issue _____

This licence is valid up to _____

Signature

Name of Granting Authority:

Designation:

Office Seal:

Official Address:

RENEWAL
(Refer rule 8)

Date of Renewal

Date of expiry

- 1.
- 2.
- 3.
- 4.

Signature

Name of renewing Authority:

Designation:

Official Address: