

SECURITY AGENCY-APPLICATION FORM

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| 1 | Name & Address of the Agency | |
| 2 | Name of the authorized person/s | |
| 3 | Registration/License number (attach copy) | |
| 4 | Contact numbers | |
| 5 | E mail ID | |
| 6 | PAN number (attach copy) | |
| 7 | GST Number (attach copy) | |
| 8 | Income Tax Returns filing Status of previous two financial years | |
| 9 | Previous experience doing similar work if any.(enclose proof with client list) | |

I hereby declare that the above details and true and correct.

Name :-

Signature:-

Date:-