

VERIFICATION PROFORMA FOR SECURITY COMPANIES**PART-I****COMPANY PROFILE**

1. Name of the Company _____
2. Registered Office Address _____
3. Addresses of Branch Offices (if any) _____
4. Status of the Company _____
 - Sole Proprietorship ☐
 - Partnership ☐
 - Joint Stock Company ☐
5. Registration Authority _____
6. Date of Registration _____
7. Services Applied for _____
 - Security Guards ☐
 - Cash Carry ☐
 - Others ☐
8. National Tax No. _____
- 9.* Board of the Directors:

Sr. #	NAME	Address	Qualification	Profession	NIC No.	NTN
1.						
2.						
3.						
4.						

* Detail of Directors to be filled in "Prescribed Proforma" to be enclosed separately.

PART-II OPERATIONAL PROFILE

1. No. of Guards to be Employed _____
2. Selection Criteria for Guards (Signed Copy of SOP to be attached)
3. Training Arrangements for Guards (Signed Copy/Note to be attached)
4. Firing Practice Arrangements for Guards (SOP to be attached)

PART-III LOGISTICS

1. No. of Arm Licenses (Detail to be attached)
2. Weapon Carrying policy for guards (SOP to be attached)
3. Kote Arrangements _____
 - Location & Specification of strong room (Sketch/Drawing to be attached)
4. Detail & Specification of Cash Carry Vehicles _____
5. Uniform Details _____
 - Photograph of Uniform _____

PART-IV CAPITAL/FUNDING

1. Approximate Initial Capital Investment _____
2. Source of Funding _____

Signature of Managing Director or Chief Executive: _____

Name & Designation _____

Date _____