

FORM- B
Registration Form

1. Name of the Private Security Agency: _____
2. Telephone Numbers of the Agency: _____
3. Fax Number of the Agency: _____
4. Address of the Agency: _____

5. National Tax Number of the Agency/Director: _____
6. Name of each Director of the Agency
 - a. _____
 - b. _____
 - c. _____
7. No of Guards employed by the Agency: _____
8. No of Arms Licenses issued to the Agency: _____
9. No. of Weapons in possession of the Agency: _____
10. Date of issuance of License as operating
Private Security Agency: _____
11. License Renewed up to: _____
12. Summary of proceedings, if any
against Agency: _____

(if any may be mentioned)