

BANGLADESH PROFESSIONAL SECURITY SERVICES PROVIDERS ASSOCIATION (BPSSPA)

MEMBERSHIP APPLICATION FORM

02 copy passport Size Picture

To, The President Bangladesh Professional Security Services Providers Association House # 406 (Ground floor), Road # 29, Mohakhali DOHS, Dhaka-1206, Bangaldesh.

| Mohakhali DOHS, Dhaka-1206, Bangaldesh. | | | | |
|--|-----------------|--|--|--|
| Subject: Application for Membershi | p. | | | |
| Dear Sir, | | | | |
| I/We have established a company to run security business in Bangladesh. I/We would like to be a member of BPSSPA. | | | | |
| I/We shall be obliged if I/We am/are enlisted as a member of the Association. | | | | |
| I/We am/are herewith enclosing all necessary documents with this application. Also fix enclosed Entry Fee, Annual Subscription and Donation. | | | | |
| | Thanking You | | | |
| | Yours Sincerely | | | |
| Date: | Signature: | | | |
| Official Seal | Full Name: | | | |
| | Appointment: | | | |

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| 1. | Name of the Company | : | | | |
|----|--|---|---|--|--|
| 2. | Company Status | : | a) Private Limited (Company Articles & Memorandum of Association Attach as Annex- | | |
| | | | b) Partnership (Attach Partnership Deed as Annex- | | |
| | | | c) Proprietorship (Attach an affidavit from a 1 st class Magistrate stating sole proprietorship as Annex- | | |
| 3. | Name of the Managing Director/ CEO/Proprietor | : | | | |
| 4. | Name of the Chairman/Director(s) | : | | | |
| 5. | Nature of Business | : | Guard Service/Cash-in Transit Service/ Equipment Installation & Maintenance/ Consultancy/ Investigation/ Any Other. | | |
| 6. | Trade License No. | : | (Attached as Annex- | | |
| 7. | VAT Registration No. | : | (Attached as Annex- | | |
| 8. | TIN No. | : | (Attached as Annex- | | |
| 9. | No. of years of working in Security Business: | | | | |

10. Office Address (s):

| Working Place | Address (s) | Contact Number of Important Persons including MD |
|--|-------------|--|
| 1. Head Office/ Corporate Office | | |
| | | |
| | Fax: | |
| | e-mail: | |
| 2. Location of Control Room (With Working Times) | | |
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| | | |
| 3. Branch Offices (s) | | |
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| 11. | Qualification and Experience of Managing Director/CEO/Proprietor: | | | | |
|--------|---|--------------------------|---|--|--|
| | | | | | |
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| | | | | | |
| | | | | | |
| 12. | Reference: | | | | |
| | Name | : | | | |
| | Organization & Designation | : | | | |
| | Contact Address | : | | | |
| | Contact Number | : | | | |
| | e-mail | : | | | |
| | Seal and Signature (With date): | | | | |
| and be | | | mplete to the best of my knowledge and release all concerned from any | | |
| Associ | | read and understood | ssional Security Services Providers the qualifications of membership, | | |
| | e to abide by the BPSSPA Ru note its objectives. | les and Constitution and | d to adhere to its Code of ethics and | | |
| | | | | | |
| Date: | | | Seal and Signature of Applicant | | |