

VERIFICATION PROFORMA FOR SECURITY COMPANIES

PART-I

COMPANY PROFILE

1. Name of the Company _____
2. Registered Office Address _____
3. Adresses 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 _____

CONFIDENTIAL

Photograph

SECURITY CLEARANCE FORM FOR DIRECTORS OF SECURITY CO .**PART-I***(To be filled in by Director personally)*

1. Name: _____ 2. Father's Name _____
3. Cast _____ 4. Religion _____
5. Sect _____ 6. Date of Birth _____ Age _____
7. Present Address _____
8. Permanent Address _____
9. NIC No. _____ 10. Passport No. _____
(please attach copy) *(please attach copy)*
11. Mobile No. _____ 12. Police Station _____
13. Name and Address of Security Company where he works as Director _____
Ph No. _____
14. Share in the Security Company (percentage) _____
15. Approximate Investment _____
16. Source of Funding _____
17. National Tax No. _____
18. Any proof regarding sound financial position _____
19. Experience in Govt. Service (Army/Police/Civil) _____
20. Date of Retirement _____
21. Any other reason of leaving Govt. Service _____

*(Attach Discharge Certificate)***22. Educational Qualifications:-**

Certificate/Degree	Name of Institution	Year

23. Family Detail:-

S.No.	Name of Relative	Relation (Father/Brother/ Son/Br. In Law)	Occupation	Age (Approximate)	Address
1					
2					
3					

5					
6					

24. Previous Experience

S.No.	Previous Experience	Period	Name & Address of Employer	Year
1				
2				
3				
4				
5				

25. Detail of Registered Criminal Cases (If any)

S.No.	Case No. & Date	Offence/Under Section	Police Station/District	Result of Investigation	Court Decision
1					
2					
3					
4					

26. Detail of NAB Cases (If any)

S.No.	Case No. & Date	Offence/Under Section	Police Station/District	Result of Investigation	Court Decision
1					
2					
3					

27. If Bank Defaulter please give details

S.No.	Case No. & Date	Name of Bank	Total Amount of Default	Present status
1				
2				
3				

28. Three References with their Names & Addresses

S.No.	Name & Parentage	Designation/Business	Address	Phone No.
1				
2				
3				

29. Detail of Military/Jehadi Training (if received)Yes No

If yes:

Year _____

Place _____

30. Affiliation with Defunct Religious Organization (Present/Previous) _____

- Affiliation with any other Religious Organization in the Past (if yes, please give name of the organization)

Post held _____ Year _____

31. Affiliation of any family member (as indicated in Column No.23) with any defunct religious organization _____

- Affiliation of any family member (as indicated in Column No.23) with any other religious organization in the Past (if yes, please give name of the organization _____)

- Post held _____ Year _____

32. Undertaking:-

- I solemnly undertake that all the information given above is correct to the best of my knowledge and I have not concealed any information.
- I further undertake that neither me nor any of my family members is involved in any suspicious / criminal activity and no case is registered against me except as given in column No. 25. I may be prosecuted if I have concealed any facts or have given wrong information.

Name _____

Thumb Impression:

Signature _____

Date: _____

Note:- Attach the following documents:-

1. CNIC
2. Photograph
3. Discharge Certificate (If ex-employee)

PART-II

33. Report of Government, Civil / Military Officer (Grade 17 and above) or Senator/MNA/MPA.

This is to certify that the undersigned knows Mr./Mrs. _____ S/o, D/o _____

He/She is morally and financially sound person and enjoys a good reputation.

Nothing adverse regarding him/her and his/her family has come into my notice.

Name _____

SB 19/2011-SV.1B

Signature _____ CNIC No. _____ (Copy attach).

Address _____ Phone No. _____

34. Verification of the Directors by the Head of Hiring Security Company

(i) It is certified that all the attached documents have been checked and found correct _____

(ii) His photograph & CNIC is attached with the form.

Name of the Head of the Security Co. _____

Signature _____ CNIC No. _____ (Copy attach).

Address _____ Phone No. _____