



Tele: 011-32472987, Tele Fax: 011-46027863, E-mail: execdir@capsi.in, web: www.capsi.in

Paste one recent
Passport size
photograph* within
the box and attach
2 additional copies
along with the
Application Form

APPLICATION FORM FOR MEMBERSHIP

Applicant's Name

Payment Enclosed Cheque/Draft No. Dated for Rs.....
 Drawn on (Bank)
 Payable to "Central Association of Private Security Industry."

INSTRUCTIONS:

Membership of CAPSI is NOT transferable, Membership valid for one calendar year

PLEASE USE CAPITAL LETTERS

ELIGIBILITY TO APPLY FOR THE MEMBERSHIP OF CAPSI

1. Any type of legally constituted and registered company providing security service. – (Active Membership)
2. Any Individual running his own security agency. (Active Membership)
3. Any company or individual in allied areas of security business, and also those providing peripheral support to such service.- (Affiliate Membership)
4. A professional in the employment for at least two years in a company providing security service or An individual security professional/ security officer with minimum experience of two years. (Professional Membership)

ENCLOSURES TO THE APPLICATION

All attachments except the Photographs to be self attested

If any document is in other than English/Hindi, add a translated version duly attested by self.

Eligibility 1 i) Two (2) Copies of passport size photographs* showing frontal view, ii) Copy of the Certificate of Incorporation / Partnership Deed / Registration iii) Brochure / one page write up introduction on letter head of the company. iv) Copy of PAN Card v) Copy of Service Tax Registration vi) Copy of ESI & PF Registration v) Payment towards Admission Fee and Membership Fee as applicable
Eligibility 2) i) Two (2) copies of passport size photographs* showing frontal view ii) Brochure / one page write up introduction on letter head of the company, iii) Copy of PAN Card iv) Copy of Proprietorship deed. v) Copy of Service Tax Registration vi.) Copy of ESI & PF Registration vii) Payment towards Admission Fee and Membership Fee as applicable

Eligibility 3
i) Two (2) Copies of passport size photographs* showing frontal view, ii) Copy of the Certificate of Incorporation / Partnership Deed / Registration iii) Brochure / one page write up introduction on letter head of the company. iv) Copy of PAN Card v) Copy of Service Tax Registration vi) Payment towards Membership Fee as applicable for Affiliate Membership.
Eligibility 4
i) Two (2) copies of passport size photographs* showing frontal view ii) Copy of Passport or any other document to show proof of residence. iii) Copy of PAN Card iv) A letter from company/institution, showing the employment details of the applicant. v) Payment towards Membership Fee as applicable for Professional Membership

* Of the applicant or CEO/MD of the organization as the case may be

MEMBERSHIP FEE DETAILS:

Type of Membership	Admission Fee (one time)**	Membership Fee**
Active Member (Company)	Rs.5,000/	Turn Over Annual Membership Fee <input type="checkbox"/> Up to 5 Cr. Rs. 5,000/- <input type="checkbox"/> Rs. 5 Cr. To 10 Cr. Rs.10,000/- <input type="checkbox"/> Rs 10 Cr. To 15 Cr. Rs. 15,000/- <input type="checkbox"/> Rs 15 Cr. To 25 Cr. Rs. 20,000/- <input type="checkbox"/> Rs 25 Cr. To 50 Cr Rs. 30,000/- <input type="checkbox"/> Rs. 50 Cr. To 100Cr. Rs 50,000/- <input type="checkbox"/> Above Rs. 100 Cr. Rs. 1,00,000/-
Active Member (Individual)	Rs.2,500/	
Affiliate Member	2000/-	2000/-
Professional Member	1000/-	1000/-

**Service Tax as applicable

PERSONAL DETAILS:

Name of the Applicant

Name of the Company

Full Address of the Company

PIN

Contact Number (With city code) Mobile Fax

E-Mail ID Website

Designation Date of Joining

Date of Birth Marital Status

Status of Company Limited Private Limited
 Proprietorship Partnership

Date of formation/incorporation of the company
(Attach a relevant document)

Turnover of the Company: (Please Tick)

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Up to Rs 5 Cr | <input type="checkbox"/> | 5. Rs. 25 Cr to 50 Cr. | <input type="checkbox"/> |
| 2. Rs 5 Cr to 10 Cr | <input type="checkbox"/> | 6. Rs 50 Cr. To 100 Cr. | <input type="checkbox"/> |
| 3. Rs 10 Cr to 15 Cr | <input type="checkbox"/> | 7. Rs. 100 Cr. And above | <input type="checkbox"/> |
| 4. Rs 15 Cr to 25 Cr | <input type="checkbox"/> | | |

Please list references that belong to CAPSI or any other professional Organization or MD/GM of any reputed company in the area of operation.

1. Name	<input type="text"/>	Tel. No.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name	<input type="text"/>	Tel. No.	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>

GENERAL INFORMATION

Do you maintain full time office? No Yes

Do you have any branch office? No Yes
If yes, please give details on a separate sheet

Details of Membership, if any, in any other National/International security related Associations.

Name & Address:

From ----- to ----- What Capacity : -----

ADDRESS WHERE COMPLETED FORM SHOULD BE SENT:
The Executive Director, Central Association of Private Security Industry,
B – 7/(Ext) 103, 3rd Floor, Safdarjung Enclave, New Delhi - 110029

**Details of Services Rendered by you/your Company
(Please Tick)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Armed guards | <input type="checkbox"/> ATM Management | <input type="checkbox"/> Perimeter Protection |
| <input type="checkbox"/> Unarmed guards | <input type="checkbox"/> Bullion/valuable transfer | <input type="checkbox"/> Scanners & Detectors |
| <input type="checkbox"/> Body guards | <input type="checkbox"/> Armoured vehicles | <input type="checkbox"/> Time & Attendance |
| <input type="checkbox"/> Armed escort | <input type="checkbox"/> Consultancy | <input type="checkbox"/> Ballistic Protection |
| <input type="checkbox"/> Executive protection | <input type="checkbox"/> Access Control | <input type="checkbox"/> Training |
| <input type="checkbox"/> Martial art experts | <input type="checkbox"/> CCTV | <input type="checkbox"/> Disaster Management |
| <input type="checkbox"/> Guard dogs | <input type="checkbox"/> Intrusion Alarm | <input type="checkbox"/> Cash in Transit |
| <input type="checkbox"/> System Integration | | |

CERTIFICATION

I hereby certify that all entries made by me in this application and the application process are true, complete, and correct to the best of my knowledge and are made in good faith.

I have never been convicted of any criminal offense, which would reflect negatively on the security profession and on CAPSI.

Furthermore, I do hereby certify that I am a person of good character and good behaviour, and that I will abide by the By-Laws, Preamble and Code of Ethics of CAPSI, which I certify as having read. I give full consent to the Central Association of Private Security Industry (CAPSI), its officers, Members, and/or their Agents, to verify and inquire into my reputation, character, credit and/or standing for membership in the CAPSI. I hereby release, indemnify and hold harmless the above named organizations, its officers, Members, and/or Agents from all liability, claims (implied or actual) in matters emanating from said view and/or investigation.

Signature of the Applicant

Date

OFFICE USE ONLY

Application received on Verification completed on

Membership Approved/Not Approved at the Board Meeting held on

If not approved, the reason/grounds

.....

Chairman

Chairman.
Membership Committee

Secretary General

Executive Director

Membership No.

Membership Certificate sent on: