



Authorized Star-Shield Distributor / Dealer Application

For(City / State)

A. Company Particulars

Kindly fill the following information in trueness and accuracy, as this will help us in building future relationship better.

Company Name (As per Registration Records)	
Full Address	
Postal Address (If different from above)	
Telephone	
Facsimile	
Email	
URL Address	
Contact Person	
Managing Director	
Financial Controller/Director	
No. of Employees	
Date of Incorporation / Registration	

B. Business Information

- What is the nature of your current business?
 Distributor System Integrator Contractor Dealer Others; Please state
- What is your current product range?
 Security Products Access Control Home Appliances CCTV Others; Please state
- How long have you been engaged in business related to security products?
- Which manufacturers products you have used in the past?

