

LAW ENFORCEMENT AUTHORITY REGISTRATION FORM

1. Please provide information for all the fields requested in the form.
2. **Send the duly completed registration form and a copy of your Identification (that confirms your designation) to the following Address:**

**Quick Heal Technologies (P) Ltd.
603, MayFair Towers II,
Wakdevadi, Shivajinagar,
Pune – 411005, Maharashtra, India**

3. **You can also fax the duly completed registration form and a copy of your Identification proof to the following number: 020 – 41060401.**
4. Your registration will be activated within 48-hours of receiving your duly completed registration form.

PERSONAL DETAILS

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email Address	<input type="text"/>	Mobile Phone	<input type="text"/>

OFFICIAL DETAILS

ID Number	<input type="text"/>	Department Name	<input type="text"/>
Department Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Telephone	<input type="text"/>		