

### Company Information

<b>Company Name</b>			
Address (with ZIP/ Postal Code)			
Core Business Area (Retail/ SME/ Enterprise)			
Email		Web Site/ URL	
Telephone		Fax	

### Personnel Contact Information

Identification	Primary Contact	Secondary Contact	Technical Contact
Name			
Designation			
Mobile/ Cell No			
Email ID			

### Partnership Level

Kaspersky Lab partnerships are categorized in four different levels. Please tick the appropriate category(s) you are enrolling for. You can apply for more than one category, if applicable.

Retail Partner     
  SME Partner     
  Enterprise Partner     
  ISP Partner     
  Strategic Partner

### Enrollment Process

Officextracts as distributor agrees to hold all information provided in this enrollment as highly confidential. By completing and signing this enrollment form, you are enrolling in the Kaspersky Lab reseller program and will be entitled to receive all the benefits of the program. Officextracts as distributor will provide you a partner certification.

### Lead, Active & Inactive Partner

Officextracts at its discretion could designate/define (1) Lead Partner or in any other term depending on the performance of any partner, (2) Active Partner that is taking any product delivery at least once in a 3-month period and (3) Inactive Partner that is not taking any product delivery in a 3-month period. (3) Officextracts is authorized to use customer reference in any publication & advertisement.

### Partnership Cancellation

Officextracts at its discretion reserves the right to cancel any partnership with or without issuing any cause.

### Partner's Acknowledgement

I endorse that the above information provided by me is true & correct and fully understand & agree to be abided by the terms & conditions prescribed herein and duly sign on this partnership enrollment form.

Name	Designation
Signature	Date

THANK YOU VERY MUCH FOR YOUR TIME FOR FILLING OUT THE FORM AND SHOWING YOUR INTEREST IN SELLING KASPERSKY LAB ANTI-VIRUS & SECURITY SOFTWARE PRODUCTS.

### Officextracts Use

Payment Mode	Delivery Mode	Management Approval
		Name: Signature:

Distributor in Bangladesh: **Officextracts** • B 112 Masjid Road • New DOHS • Dhaka 1206 • Bangladesh

Ph: +88 09604101234, +880 2 9886627 • 9899544 • H/P: +88 01755507056-58, 01730001170, 01713013137 • info@officextracts.com • www.officextracts.com

An ISO 9001 : 2008 Certified IT Distribution Company