



METROPOLITAN SECURITY & DETECTIVE SERVICES

Details of the Authority/s required for the investigation

1. Surname/Family name of client: _____

Forenames: _____

2. Full address of legal residence: _____

3. Reporting Mobile number: _____ other: _____

4. Birthplace: _____

5. Marital Status: _____ 5a. Spouse's Name: _____

6. Date of Birth: _____ 7. Nationality: _____

8. Company name: _____

9. Business address: _____

10. Business telephone: City or Area Code: _____ Number: _____

FAX number: City or Area Code: _____ Number: _____

E-mail address: _____ Web Site: _____

11. Have you ever been convicted in any criminal proceeding? **YES / NO** (If yes, explain on a separate sheet of paper where, why and when.)

12. Do you maintain a full-time office? **YES / NO.**

13. Do you hold a degree on a college or university level? **YES/NO** (If yes, please
Mention.) _____

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 belief and are made in good faith. Furthermore, I do hereby certify that I am a person of good character and good behavior that I will abide by the by-laws, its Preamble and Code of Ethics.

SIGNATURE: _____ DATE: _____ PLACE: _____