| o, letropolitan Security & Detective Services Pvt. Ltd. | |
|--|---|
| ull Name of the Authority: | _ |
| elation with the Subject: | _ |
| <u>UTHORIZATION</u> | |
| give full consent to the Metropolitan Security & Detective Services Pvt. Ltd. and its Officers, lembers, and/or their Agents, to investigate, verify and inquire into my case (as mentioned in the ase papers) for the character, credit and/or standing for Case. I further authorized the said agence and one of Mr. / Mrs./Ms I hereby release, and and hold harmless the above named organization, its Officers, Members, and/or Agents om all liability, claims, (implied or actual) in matters emanating from said review and/or exestigation. | у |
| Seal if any | |
| Signature of Authority | |
| Date: | |
| ERTIFICATION hereby certify that all entries made by me in this application and the application process are true application correct to the best of my knowledge and belief and are made in good faith. urthermore, I do hereby certify that I am a person of good character and good behavior that I will | |
| bide by the by-laws, its Preamble and Code of Ethics. | |
| Seal if any | |
| Signature of Applicant | |
| Date: | |
| | |

CONFIDENTIALITY

All information gathered through this investigation details will be treated utmost integrity, discretion and in the strictest confidence.