

MEDRA: Security Division

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**Investigation Request Form**

**Office Use Only**

|  |  |
| --- | --- |
| **MEDRA Member:** | **Persal No:** |
|  |  |
| **Component:** | **Contact No:** |
|  |  |

**Client Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I.D. No:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tel: (h)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tel: (w)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Email:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Client Address**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Street:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Suburb:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **City/Town:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Code:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Reason for investigation request.**

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**PLEASE NOTE THAT THERE WILL BE NO DEVIATIONS AND/OR EXCEPTONS TO THE BELOW MENTIONED.**

**Please sign this form and return it to MEDRA using the contact details as above.**

1. **I understand that all products/Services are to be paid for in full, either by cash, EFT or direct deposit. NO CHEQUES will be accepted.**
2. **I understand that I am consenting for MEDRA: Security Division to act on my behalf in all aspects of the requested service/s.**
3. **I understand that all information I provide will remain confidential and will only be shared with persons outside of MEDRA: Security Division with my written consent.**
4. **I understand that once I have sent this form back to MEDRA I will receive a computer generated invoice.**
5. **I understand that once MEDRA: Security Division has completed the requested service and I am satisfied with the outcome and I indicate this in writing then the file will be closed. However should I request further information then a sub-file will be opened and I will be charged for services rendered.**

**I the aforementioned understand that by signing this document I am bound by the terms & conditions mentioned herein.**

**Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client**