

Application No.

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# INDIAN DETECTIVE & INVESTIGATION SERVICE SOCIETY

Corp. Office : 216/293, 2<sup>nd</sup> Floor, Arcot Road, Kodambakkam, Chennai 600 024.

Admn. Off.: No.30, Class Street, Neravy, Karaikal, Puducherry 609 604.

## APPLICATION FORM

<b>Applicant Name</b>	:	
<b>Father / Wife Name</b>	:	
<b>Sex / Age</b>	:	
<b>Contact No.</b>	:	
<b>Temporary Address</b>	:	
<b>Permanent Address</b>	:	
<b>Applicant Identification Document (if any Two)</b>	:	Ration Card / Driving Licence / Voter Id /Passport / Pan Card / Office ID / Aadhaar Card
<b>Service Offered</b>	:	
<b>Subject Name</b>	:	
<b>Father / Wife Name / Husband</b>	:	
<b>Contact Cell No.</b>	:	
<b>Investigation Address</b>	:	
<b>Service Plan</b>	:	<input type="checkbox"/> Economy (5 days), <input type="checkbox"/> Premium (7 days), <input type="checkbox"/> Platinum (10 days), <input type="checkbox"/> Extra (15 days)

TERMS & CONDITIONS:

The following terms and conditions shall govern the consulting services provided by IDISS to the Client.

CLIENT AGREEMENT FORM

I, \_\_\_\_\_ hereby agree to the following terms and conditions of IDISS.

1. I agree to pay a non-refundable consulting fee of Rs.1000/- for processing my application
2. I assure you that the information provided by me is true and correct to the best and belief of my knowledge.
3. The service fee for the consulting services will be separately agreed upon and paid by me, in addition to the consulting fee.
4. I understand that once I have submitted my application and paid the service fee, I cannot cancel or change the service mode. I agree to abide by this condition and understand that no refunds will be given in such cases.
5. Upon payment of the service fee, I will receive the requested information and consulting services.
6. I understand that all information shared with IDISS consulting Services will be kept confidential and not shared with any third party.

ACKNOWLEDGEMENT

I have read and understood the above terms and condition. I agree to abide by them and confirm my acceptance by signing below.

Signature.

Date:

Place: