



Wizzy Forensic Investigator & Projects (Pty) Ltd

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Tell: 012 770-5389

Fax: 0867632653

Tax No: 9099528185

Psira No: 2177299

Reg No: 2012/032969/07

Mandate

Email : _____
Cell number : _____
DATE : _____
CLIENT REGISTERED NAME : _____
COMPANY NO. / ID NUMBER: _____

POSTAL ADDRESS:

PHYSICAL ADDRESS:

MANDATE AUTHORISATION

It is agreed that we have received a mandate from you to render the services as detailed and authorized below:

FORENSIC SERVICES:

Rate:	R700.00 per hour per investigator
Mileage:	R7.00 per kilometer
Signature:	

1. It is agreed that:

- we will only commence with the mandate only once a copy of this mandate authorization is received bearing your signature and proof of paid R_____ deposit;
- by placing your signature on this authorization form, you accept all terms of our service;
- by signing you accept full liability for the payment of our account;
- all invoices are payable upon presentation;

Our Banking Details

Bank : Standard Bank

Branch : West End

Branch code : 051001

Account Number : 011482605

Name of Account Holder: WIZZY FORENSIC INVESTIGATION AND PROJECTS (Pty) Ltd.

Account type : BUSINESS CHEQUE ACCOUNT

- late payments will be handed over for legal collection and will attract more interest at the rate of 2% above the prime overdraft lending rate of Standard Bank to its most favored corporate clients from time to time unsecured and shall be calculated from the date when such amounts become due and payable until date of payment calculated daily and compounded monthly;

Powered by
WPS Office

Please Initial

- (vi) That a recovery fee of 10% of the value of goods recovered is applicable. The value of goods needs to be confirmed prior to investigation.

Value of Goods:	
Signature:	

2. Please be advised that should expert evidence be required in a criminal court, department hearing or CCMA, service fees will be charged at a rate of R3 500.00 per day.
3. The client and / or his/her insurers accept responsibility for theft of, or damage (howsoever caused) and/or loss of WFI equipment installed temporarily for the client as designated by the client in terms of this mandate and will be liable for the replacement and / or repair of such equipment.

4. Additional Services:

1.	
2.	
3.	
4.	
5.	
Signature	:

5. All prices quoted are **exclusive of VAT**.

SIGNED on this _____ day of _____ 20__

PRINT NAME

SIGNATURE

Wizzy's Forensic Investigation
Who warrants that he/she is duly authorized to sign
This mandate on behalf of WFI

PRINT NAME

SIGNATURE

THE CLIENT
Who warrants that he/she is duly authorized to sign
This mandate on behalf of the Client

CONTACT DETAILS:

Confidential : Yes ☐ No ☐

Mark with an "X" whichever is applicable

For Attention : _____

Accounts Department Contact : _____

Telephone Number : _____

Fax Number : _____

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WPS Office
Please Initial

VAT Number

:

E-mail Address

: