

# **CLIENT CONSENT & AUTHORIZATION FORM**

**(Paranormal Investigator India)**

**A Division of Tianzhu Investigative Services OPC Private Limited**

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## **1. Client Details**

**Full Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email ID:** \_\_\_\_\_

**Property Address / Location Under Investigation:**

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## **2. Legal Authority Declaration**

I hereby declare that:

- I am the **legal owner / authorized occupant / lawful representative** of the above-mentioned property.
- I have full legal authority to grant permission for investigation activities at this location.
- No third-party rights are being violated by granting this consent.

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## **3. Voluntary Request for Services**

I voluntarily request **Paranormal Investigator India**, an operational division of **TIANZHU INVESTIGATIVE SERVICES OPC PRIVATE LIMITED**, to conduct a **research-based paranormal investigation** at the above-mentioned location.

I confirm that:

- No force, pressure, or misrepresentation has been used.
- I understand the nature and limitations of the services.

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## **4. Scope of Consent**

I hereby authorize the investigation team to conduct:

- Non-invasive observation
- Environmental and situational analysis
- Audio and video documentation **with my consent**
- Research-based reporting and interpretation

I understand that:

- No physical harm, damage, or illegal activity will be conducted.
- No hidden surveillance, spying, or tracking will take place.

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## 5. Disclaimer of Guarantees

I clearly understand and acknowledge that:

- Paranormal Investigator India **does not guarantee** the presence or absence of paranormal activity.
- Findings are **interpretative, observational, and informational only**.
- Results may vary and are **not definitive proof** of any supernatural claim.

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## 6. Medical, Psychological & Religious Disclaimer

I acknowledge that:

- The investigation is **not medical, psychological, or psychiatric treatment**.
- The investigation is **not religious, spiritual, or ritual-based**.
- No exorcism, faith healing, or occult practices will be performed.

I agree to consult **licensed professionals** if medical or mental health concerns arise.

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## 7. Privacy & Data Consent

I consent to the collection, use, and storage of my personal data **solely for investigation, documentation, and legal compliance**, in accordance with:

- **Digital Personal Data Protection Act, 2023**
- Company Privacy Policy

I understand that:

- My identity and case details will remain confidential.
- No data will be published or shared without my written consent, except where required by law.

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## 8. Limitation of Liability

I agree that neither **Paranormal Investigator India** nor  
**TIANZHU INVESTIGATIVE SERVICES OPC PRIVATE LIMITED** shall be liable for:

- Emotional or personal interpretations of findings
- Decisions taken by me based on investigation reports
- Pre-existing medical, psychological, or environmental conditions

All services are provided on a **best-effort, informational basis only**.

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## 9. Right to Refuse or Terminate

I understand that the company reserves the right to **refuse, suspend, or terminate** the investigation if:

- Legal permissions are not fulfilled
- Safety risks arise
- False or misleading information is provided
- Activities conflict with Indian law or ethical standards

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## 10. Acceptance & Acknowledgement

I confirm that:

- I have read and understood this Consent & Authorization Form.
- I agree to the **Terms & Conditions, Privacy Policy, Investigation Guidelines, and Legal Disclaimer**.
- I provide my consent freely and without reservation.

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## 11. Client Signature

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

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## 12. Company Authorization

For **TIANZHU INVESTIGATIVE SERVICES OPC PRIVATE LIMITED**  
(Paranormal Investigator India)

Authorized Representative: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature & Seal: \_\_\_\_\_

Date: \_\_\_\_\_