

DEFENSOR SECURITY (PTY) LTD**CONTROL ROOM INFORMATION SHEET**

TX

PREMISES INFORMATION

Client Name		Clearance Code	
Street Address			
		Code	
Postal Address			
		Code	
Telephone Nr (1)			
Telephone Nr (2)			
E-Mail Address		Acc Nr	

SYSTEM INFORMATION

Installation Date		TX Code	
Clearance Code		Control Panel	
Channel		Static Panic	
Portable Panic		Technician	

INSTRUCTIONS IN CASE OF ALARM ACTIVATION

Instruction 1	
Instruction 2	
Instruction 3	
Instruction 4	

SPECIAL INSTRUCTIONS FOR OPEN & LOCK

Opening Time	
Closing Time	
Other	

KEY HOLDERS

Name 1		Name 2	
Telephone (H)		Telephone (H)	
Telephone (B)		Telephone (B)	
Telephone (C)		Telephone (C)	
Relationship		Relationship	
Clearance Code		Clearance Code	
Name 3		Name 4	
Telephone (H)		Telephone (H)	
Telephone (B)		Telephone (B)	
Telephone (C)		Telephone (C)	
Relationship		Relationship	
Clearance Code		Clearance Code	

DESCRIPTION OF SERVICES REQUIRED

Alarm Monitoring Service	
Emergency Response Service	
Medical Support	
Illegal Opening	

PERSON RESPONSIBLE FOR ACCOUNT

Name		
Identity Number		
Street Address		
Postal Address		
Contact Telephone		
Payment By		

I hereby confirm that above information is correct and I undertake to inform Defensor Security (Pty) Ltd of any changes that might occur.

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Client Signature

.....
Date