

KEYHOLDER'S INFORMATION - RESIDENTIAL ACCOUNT**Roman Business Management**

Doc No: ADM.1

Compiler:

Member

J.J Swarts

Rev (Amdt) No: 3

Approving Officer:

Member

Z.Z Lee

Effective Date: 25/10/2019

CLIENT SURNAME : _____

FULL FIRST NAMES : _____

NICK NAME : _____ I.D NR : _____

STREET ADDRESS : _____

POSTAL ADDRESS : _____ CODE: _____

PREMISES TEL. NR : _____ E-MAIL: _____

INSURANCE COMPANY : _____ POLICY NUMBER: _____

DOGS ON PREMISES : YES / NO **RESPONSE GATE KEYS/REMOTE**: YES / NO **DOMESTIC WORKER/GARDNER**: YES / NO**KEY LOCATION NUMBER** (ADMIN) _____**USER SEQUENCE FOR PANEL PROGRAMMING (NOTE: PASSWORDS MUST NOT BE THE SAME)**

USER 1 : _____ PASSWORD : _____

USER 2 : _____ PASSWORD : _____

USER 3 : _____ PASSWORD : _____

USER 4 : _____ PASSWORD : _____

MAID NAME : _____ PASSWORD : _____**GARDENER NAME** : _____ PASSWORD : _____**CALL OUT SEQUENCE - IMPORTANT (PERSONS WITH ALARM CODES AND KEYS TO PREMISES)**

KEYHOLDER 1 : _____ PHONE NR.: _____ SMS @ R 90 Y / N

KEYHOLDER 2 : _____ PHONE NR.: _____ SMS @ R 90 Y / N

KEYHOLDER 3 : _____ PHONE NR.: _____ SMS @ R 90 Y / N

KEYHOLDER 4 : _____ PHONE NR.: _____ SMS @ R 90 Y / N

PROTECTED AREAS - ZONE DISCRPTIONS

1. _____ 9. _____

2. _____ 10. _____

3. _____ 11. _____

4. _____ 12. _____

5. _____ 13. _____

6. _____ 14. _____

7. _____ 15. _____

8. _____ 16. _____

TRANSMITTER CODE : _____ INSTALLATION DATE : _____

CONTROL PANEL : _____ PROGRAM FORMAT: : _____

TRANSMITTER TYPE : GSM _____ VHF _____ PANEL LOCATION : _____

SITE NUMBER : _____ INSTALLERS NAME : _____

RESPONSE TAG NO. : _____ TAG LOCATION : _____

LOADED ON LISTENER BY: _____ SIGNATURE : _____ DATE _____