

**NOTIFICATION OF NEW ACCOUNT - SITE/EQUIPMENT DETAILS**

**Please complete and return to Visual Verification Ltd. - Fax : 0844 415 5555**

<p><b>Monitored Site Details:</b>                  Name : .....                  Contact : .....                  Address : .....                  .....                  .....                  Tel: ..... Fax : .....                  Company Registration Number: .....                  Email Address: .....                  (required for delivery of fault reports etc.)</p>	<p><b>Installation Company:</b>                  Name : .....                  Contact : .....                  Address : .....                  .....                  .....                  Tel : ..... Fax : .....                  Email.....                  Company to be invoiced: Installation Co.....θ                  (please tick) Customer.....θ                  Other.....θ</p>																													
<p><b>Guarding Company</b> <i>(If Applicable)</i>                  Contact : .....                  Address : .....                  .....                  Tel: .....</p>	<p><b>Local Police Details:</b>                  Area : .....                  Tel: .....</p>	<p><b>Intruder Alarm Company</b>                  Name : .....                  Tel: .....                  Site Ref .....  <i>(if Applicable)</i></p>																												
<p><b>Response Procedure</b>                  (Audio/Keyholder/Police/Security Guard)                  Theft : .....                  Duress: .....                  Criminal Vandalism: .....                  Trespass: .....                  Other/Specific Response :</p>	<p><b>Authorised Personnel</b>                  Name :                  1. ....                  2. ....                  3. ....</p>	<p><b>Password</b>                  1. ....                  2. ....                  3. ....</p>																												
<p><b>Keyholder Information</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Priority</th> <th style="width:40%;">Contact Name</th> <th style="width:20%;">Tel. Number</th> <th style="width:30%;">Mobile Number</th> </tr> </thead> <tbody> <tr><td>1.</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>2.</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>3.</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>4.</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>5.</td><td>.....</td><td>.....</td><td>.....</td></tr> <tr><td>6.</td><td>.....</td><td>.....</td><td>.....</td></tr> </tbody> </table>			Priority	Contact Name	Tel. Number	Mobile Number	1.	.....	.....	.....	2.	.....	.....	.....	3.	.....	.....	.....	4.	.....	.....	.....	5.	.....	.....	.....	6.	.....	.....	.....
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<p><i>To be completed by Customer :-</i>                  Monitoring to commence on :- .....                  Name .....                  Signature .....                  Date ..... Contact Tel .....</p>	<p><i>To be completed by Installer :-</i>                  Installation completion date :- .....                  This system does* / does not* comply with BS 8418 : 2003.                  * Delete as applicable                  Police Unique Reference Number:.....                  Name .....                  Signature .....                  Date ..... Contact Tel .....</p>																													

**Transmission Equipment :** ADPRO / DALLMEIER / DEDICATED MICROS / PANASONIC / TELEEYE / VISTA

Model Type : (Delete as applicable)

Audio Yes / No: Audio Model Type: Audio Zones (Camera No.) :

Line Type : BROADBAND / ISDN / ISDN2 / PSTN

Telephone number(s)/ IP Address(s):

Please provide site plan to indicate building, equipment and areas of alarm / camera coverage.

Camera Details (Please tick)	PTZ/Dome/Fixed	Colour / Mono	Alarm Details (Delete as applicable)
Camera 1 .....	.....	.....	Alarm 1 enable/disable Alarm Type No/NC
Camera 2 .....	.....	.....	Alarm 2 enable/disable Alarm Type No/NC
Camera 3 .....	.....	.....	Alarm 3 enable/disable Alarm Type No/NC
Camera 4 .....	.....	.....	Alarm 4 enable/disable Alarm Type No/NC
Camera 5 .....	.....	.....	Alarm 5 enable/disable Alarm Type No/NC
Camera 6 .....	.....	.....	Alarm 6 enable/disable Alarm Type No/NC
Camera 7 .....	.....	.....	Alarm 7 enable/disable Alarm Type No/NC
Camera 8 .....	.....	.....	Alarm 8 enable/disable Alarm Type No/NC
Camera 9 .....	.....	.....	Alarm 9 enable/disable Alarm Type No/NC
Camera 10 .....	.....	.....	Alarm 10 enable/disable Alarm Type No/NC
Camera 11 .....	.....	.....	Alarm 11 enable/disable Alarm Type No/NC
Camera 12 .....	.....	.....	Alarm 12 enable/disable Alarm Type No/NC
Camera 13 .....	.....	.....	Alarm 13 enable/disable Alarm Type No/NC
Camera 14 .....	.....	.....	Alarm 14 enable/disable Alarm Type No/NC
Camera 15 .....	.....	.....	Alarm 15 enable/disable Alarm Type No/NC
Camera 16 .....	.....	.....	Alarm 16 enable/disable Alarm Type No/NC

**Operational Requirements**

Customer set to schedule  Central Station to set to schedule  Central Station set when authorised

(please indicate times to set and un-set the system)

Schedule	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Un-set Time :</b>							
<b>Set Time :</b>							
<b>Bank Holiday</b>	<b>Un-set Time :</b>		<b>Set Time :</b>				

**Comments**

(Please contact Central Station for additional holiday/non standard requirements)

<p><b>Patrols</b> YES / NO Schedule : (Start / End / Duration etc)  Special Requirements</p>	<p><b>Additional Comments:</b></p>
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For Internal Use Only			
Actual Commissioning Date : (Including successful walk test)	<b>Site details complete</b> Sign & Print Name	<b>Site on line copy to HQ</b> Date	<b>Contract start</b> Date
Time :	<b>Contract issued</b> Sign & Print Name	Date	

**SITE DETAILS**

Correct as of:   /   /

[Empty site details area]

**INTRUDER ALARM DETAILS:**

Company Name:

Tel. No.:

Special Instructions:

[Empty intruder alarm details area]