

**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.)          Accounts Dept Email: .....</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          Accounts Dept Email: .....</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)</p> <p>Theft : .....          Duress: .....          Criminal Vandalism: .....          Trespass: .....          Other/Specific Response :</p>	<p><b>Authorised Personnel</b>          Name :</p> <p>1. ....          2. ....          3. ....</p>	<p><b>Password</b></p> <p>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></p> <p>Monitoring to commence on :- .....</p> <p>Name .....          Signature .....          Date ..... Contact Tel .....</p>	<p><i>To be completed by Installer :-</i></p> <p>Installation completion date :- .....</p> <p>This system does* / does not* comply with BS 8418 : 2003.          * Delete as applicable          Police Unique Reference Number:.....          Name .....          Signature .....          Date ..... Contact Tel .....</p> <p><small>*Delete as applicable</small></p>																													

