

Update Details



Help us give you the best service possible by ensuring we have your current details.

Please use this form to advise us of:

- Your current alarm response and emergency contact details. Please complete **Section A** and sign
- Your updated verbal password codes – complete **Section B**
- Changes to existing Supervised Monitoring (open and close) times – use **Section C**
(**Note:** Schedule C and supervised monitoring changes is only available to existing business customers who have elected and pay for this service. If you would like more information about this option please contact your local Signature Security branch.)

The authorised signatory must sign the completed form before sending to the customer service manager of your local Signature Security branch (see overleaf).

| Your Property / Account Details | |
|---------------------------------|---|
| Customer Name: | Company Name: |
| Customer Number: | Voice Code: |
| Site address: | Email: |
| Effective date for changes: | (if left blank will be effective from receipt of these signed instructions) |

SECTION A: Update Emergency Contact Details

Please tell us your emergency contact information (in order of priority of contact).

The persons you nominate must be;

- Keyholders, and
- have access to the premises and are willing to attend an emergency call

If insufficient room please attach a separate list, signed by authorised signatory.

| | Name | Phone Number 1 | Phone Number 2 |
|---|------|----------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

| |
|-----------------------------------|
| Comments or special instructions: |
|-----------------------------------|

Remember: If you have a patrol officer attend your site and you have changed your locks or keys recently, please ensure you supply us with 4 sets of new entry keys.

SECTION B: Update Password Code(s)

Your password code(s) allows Signature Security to correctly identify authorised persons on your account.

The password can be numbers and/or letters and no more than eight characters. Please specify if passwords are individual or group.

| | Password | Please Specify | | |
|---|----------|--------------------------------|-------------------------------------|-----------------|
| 1 | | Group <input type="checkbox"/> | Individual <input type="checkbox"/> | Individual Name |
| 2 | | Group <input type="checkbox"/> | Individual <input type="checkbox"/> | Individual name |
| 3 | | Group <input type="checkbox"/> | Individual <input type="checkbox"/> | Individual name |
| 4 | | Group <input type="checkbox"/> | Individual <input type="checkbox"/> | Individual name |
| 5 | | Group <input type="checkbox"/> | Individual <input type="checkbox"/> | Individual name |

If insufficient room please attach a separate list, signed by authorised signatory.

SECTION C: Customers with existing Supervised Monitoring only - Change open/close

For business customers who have elected and pay for supervised monitoring, please provide your new open and close times right.

Remember to consider regular after hours work schedules and cleaners. Please advise if cleaners have a separate schedule. Signature Security will generally allow a 30 minute buffer either side of these times before contacting the authorised emergency contacts.

| | Open | Close |
|-----------|---------|---------|
| Monday | am / pm | am / pm |
| Tuesday | am / pm | am / pm |
| Wednesday | am / pm | am / pm |
| Thursday | am / pm | am / pm |
| Friday | am / pm | am / pm |
| Saturday | am / pm | am / pm |
| Sunday | am / pm | am / pm |

Please sign and authorise the changes:

Authorised Signatory Name: _____

Contact Number: _____

Signed: _____

Date: _____

FOR SIGNATURE SECURITY USE ONLY

REFERENCE NUMBER: _____

Date received:

Authorised signature checked by: _____ Date: _____

Database updated by: _____ Date: _____

Please post or fax to your nearest Signature Security Branch.

Australia

Sydney
2A Hudson Ave
Castle Hill NSW 2154
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Brisbane
Unit 15, Pacific Place
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Penrose, Auckland
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31-35, Cnr Railway Ave
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Contact Signature Security Group:

AUS: 1300 655 944

www.signaturesecurity.com.au

NZ: 0800 186 086

www.signaturesecurity.co.nz

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SECURITY GROUP