

**ON THE LOOK OUT**



**Service & Installation  
Agreement**



**RESPONSE AND MONITORING DETAILS SCHEDULE**

Nearest intersection and directions:							
Special instructions:							
Access to premises:				Name of person to supply identification code:			
Servants:		Garden Services:		Dogs:			
SIGNALS: Burglary	Panic	Duress	AC Loss	Low Batt	Fire	Medical	Open/close
Security officer monitoring: On duty		Off duty		Fail patrol	Patrol complete	Supervisor visit	Temper
<b>Contact Person</b>		<b>Telephone (H)</b>		<b>Telephone (W)</b>		<b>Telephone (C)</b>	
Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening times							
Closing times							
Open/close monitoring: Yes		No	No action:	Action: Missed opening	Missed closing	Illegal opening	

**INSTALLATION DETAILS**

Third Party Installation	Yes	No	Tel:				
Building:	Single storey	Double storey	Factory	Cielling type:			
Roof Type:	Pitch	Flat	Thatch	Long ladder required	Scaffolding required		
Cable colour:	White	Brown	Both	Link communicator: Yes	No	Telecom no:	
Electricity on site:	Yes	No	No	Telephone plugs: Venus	Protea		
Warning signs	Large	Small	Sticker	Estimated installation duration:		Hours:	
Is conduct required:	Yes	No	Meters	Lift paving	m	Concrete	m
				Under grass	m	Onto wall	m
Location of conduct:							
Existing alarm type:		Available zones:		Equipment:		Refer to Equipment Schedule	
Special Instructions							
Installation contact person:						Tel:	
Delay zones:				Stay zones:			
Preferred installation date: / /				Time: : (To be confirmed by our technical installation department)			

**INVOICE AND INSURANCE DETAILS**

Monthly invoice to:	SAIDSA certificate: Yes	No	(Compulsary by law)
	Certificate No:	Version:	
Postal code:	Broker:		
Insurance company:	Policy No:	Expiry Date:	

**METHOD OF PAYMENT**

Cheque	Cash	Account holder:	Amount R	Received by:
Credit card no.			4-digit card no	Expiry date:
Bank:	Type: Visa	Master	Terms: Straight	Budget
Months:				

**DEBIT ORDER AUTHORISATION**

First payment due on the \_\_\_ of \_\_\_ and the 1<sup>st</sup> day of each month thereafter.

Account Name:	Name of Bank:	Branch
Branch code	Account Number	Cheque
		Savings
		Tran

I/We hereby authorize Goldmember to draw against my/our account with the above bank the sum of R \_\_\_\_\_  
 (\_\_\_\_\_)

All such withdrawals from my/our account will be treated as though they had been signed by me/us

Kindly note the provisions contained in clause 7.4 of the TERMS AND CONDITIONS.  
 A cancelled cheque should be attached for bank identification purposes.

\_\_\_\_\_  
 Debit order authorized signature

Goldmember undertakes to provide the Client with one or more of the services specified in the SERVICE SCHEDULE and briefly described in clauses 16 and 17 of the TERMS AND CONDITIONS an wishes to sell the Client equipment (if applicable) specified in the EQUIPMENT SCHEDULE and install such equipment together with a radio transmitter and antenna (if applicable), to enable Goldmember to provide such service(s), on the TERMS AND CONDITIONS of agreement.

This agreement consists of this SCHEDULE and TERMS AND CONDITIONS overleaf.

Security Advisor: \_\_\_\_\_

SIGNED AT \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

Goldmember: \_\_\_\_\_ Full names of signatory: \_\_\_\_\_

SIGNED AT \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

The Client: \_\_\_\_\_ Full names of signatory: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**TRANSFER (IF APPLICABLE)**

Previous owner's name:	Previous owner's tel:
Account No:	CSID:
Previous owner's address:	

**CREDIT CONTROL**

ITC	Yes		No		By:	
ITC check passed:	Yes		No			
Credit card authorization:	Yes		No		By:	Authorisation:
Other payment arrangements:						
Remarks						

**UNDERWRITER DETAILS**

Broker Name:	Postal Address:
Phone No.:	Code:

**DATA CAPTURE**

Action	Done by	Date	Remarks
		/ /	
Accounting registration		/ /	
Control room registration		/ /	
Installation invoice		/ /	
Recurring invoice capture		/ /	
Debit order capture		/ /	
Job card completed		/ /	
Signals confirmed		/ /	
Client liason		/ /	
Commission captured		/ /	
Service Maintenance Schedule (if applicable)		/ /	
Management check			
Remarks			