

KEYCONTACT REGISTRATION/RENEWAL FORM COMMERCIAL



All boxes marked ESSENTIAL must be completed for registration

DETAILS OF PREMISES TO BE REGISTERED (ESSENTIAL)

Name of Business <input style="width: 95%;" type="text"/>	Name of Premises <input style="width: 95%;" type="text"/> <small>(Essential if different and as indicated on any external signage)</small>
Building Name/Number <input style="width: 95%;" type="text"/>	Street Name <input style="width: 95%;" type="text"/>
Industrial Estate (if applicable) <input style="width: 95%;" type="text"/>	Town <input style="width: 95%;" type="text"/>
County <input style="width: 95%;" type="text"/>	Post Code <input style="width: 95%;" type="text"/>
Tel No. <input style="width: 95%;" type="text"/>	Fax <input style="width: 95%;" type="text"/>

CONTACT DETAILS (THIS IS FOR ACCOUNT-RELATED CORRESPONDANCE)

Title (please <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms)	
Surname <input style="width: 95%;" type="text"/>	First Name(s) <input style="width: 95%;" type="text"/>
Job Title <input style="width: 95%;" type="text"/>	
Building Name/Number <input style="width: 95%;" type="text"/>	Street Name <input style="width: 95%;" type="text"/>
Industrial Estate (if applicable) <input style="width: 95%;" type="text"/>	Town <input style="width: 95%;" type="text"/>
County <input style="width: 95%;" type="text"/>	Post Code <input style="width: 95%;" type="text"/>
Tel No. <input style="width: 95%;" type="text"/>	Fax <input style="width: 95%;" type="text"/>
E-mail Address <input style="width: 95%;" type="text"/>	

PASSWORD (ESSENTIAL)

Your choice of password (up to max of 8 digits) to be used for authorising any changes to registration details or telephone queries.

PASSWORD	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Please note your password and keep it safe. It will not be confirmed in writing

ADDITIONAL PREMISES INFORMATION (OPTIONAL)

Security at premises: Please give details of security at premises. Tick as appropriate.

<p>Alarms</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Remote signalling alarms (police calling)</p> <p><input type="checkbox"/> Audible alarms (bells only)</p>	<p>CCTV</p> <p><input type="checkbox"/> None <input type="checkbox"/> Internal</p> <p><input type="checkbox"/> External <input type="checkbox"/> Monitored</p> <p><input type="checkbox"/> Recorded</p>
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<input type="checkbox"/> Guard on site	Location: <input style="width: 95%;" type="text"/>
Guarding Company <input style="width: 95%;" type="text"/>	
Tel No. <input style="width: 95%;" type="text"/>	

OFFICE USE ONLY
KRN: <input style="width: 95%;" type="text"/> INPUT: <input style="width: 95%;" type="text"/>

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YOUR AUTHORISED KEYHOLDERS (ESSENTIAL)			
You can register up to 5 keyholders. These keyholders need to live close enough to your premises to be able to reach it within 20 minutes. They must agree to be registered as a keyholder. It is essential that authorised keyholders are contactable by telephone and can access the property.			
Keyholder Name	Daytime Tel No (i.e. 9am-5pm)	Evening Tel No (all other times)	Mobile Tel No
1.			
2.			
3.			
4.			
5.			

PREFERRED CALL OUT (OPTIONAL)			
In the event of an incident Northamptonshire Police will contact your preferred call-out service, if appropriate. In the event that this service cannot be contacted the police will, at their own discretion, contact whichever emergency or other service it considers necessary at the time.			
Type of Service	Company Name	Daytime Tel No	Evening/24hr Tel No
Glazier			
Boarding Up			
Plumber			
General Repair			
Locksmith			
Other (please specify)			

STATEMENT OF ACCEPTANCE	
I have read and understood the terms and conditions for registering with KeyContact+ and agree to be legally bound by them.	
<input type="checkbox"/>	I am a new customer to your service please register my details.
<input type="checkbox"/>	Please renew my subscription for a further 12 months, no changes required.
<input type="checkbox"/>	Please renew my subscription for a further 12 months with amendments to details.
Signed _____	
Name _____	Date _____

Free membership for charity and church premises.

Charity Registration Number:

Please return this form to:
KeyContact+, Northamptonshire Police, Wootton Hall, Northampton, NN40JQ.
Data Protection Act applies. All information is treated and held in the strictest confidence.