

Dualcom Alarm Order Form

Fax back to: 0844 415 5555 or email: sales@visualverification.com

<p>Installation Company</p> <p>Company Name:</p> <p>Contact:</p> <p>Address</p> <p>.....</p> <p>..... Postcode:</p> <p>Tel:</p> <p>Email:</p> <p>(required for delivery of fault reports etc.)</p> <p>Fax:</p>	<p>Dualcom GPRS Product Required</p> <p>Installation New [] Or Transfer []</p> <p>Grade 2 [] r []</p> <p>Grade 3 [] r []</p> <p>Grade 4 []</p> <p>Grade Fire []</p> <p>All Grades are supplied with World Sim as standard.</p> <p>Other product.....</p>																									
<p>Monitored Site Information</p> <p>Site Name:</p> <p>Site Address:</p> <p>.....</p> <p>..... Postcode:</p> <p>Site Contact:</p> <p>Tel:</p> <p>Email:</p> <p>(required for delivery of fault reports etc.)</p> <p>Fax:</p> <p>Type of Premises:</p> <p>Company Registration Number:</p>	<p>Transfers only</p> <p>Please confirm current ARC details:</p> <p>ARC Name:</p> <p>Address:</p> <p>Contact:</p> <p>Tel:</p> <p>Fax:</p> <p>Unit Chip No (if known) :</p> <p>ESN or Sim No.....</p> <p>NUA or Data No.....</p> <p>New Unit Delivery Address</p> <p>Installation Co. [] Site []</p> <p>Company to be invoiced</p> <p>Installation Co. [] Site []</p> <p>Site Emergency Services</p> <p>Site URN</p> <p>Police Authority</p> <p>Police Tel</p> <p>Fire Authority</p> <p>Fire Tel</p>																									
<p>Keyholder or Guarding Company Information <u>YOU MUST PROVIDE A MINIMUM OF TWO KEYHOLDERS</u></p> <p>(list in order of priority of calling)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Contact Name</th> <th style="width: 30%;">Password</th> <th style="width: 15%;">Tel. Number (inc STD code)</th> <th style="width: 15%;">Mobile Number</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2.</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>3.</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>4.</td> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>			Contact Name	Password	Tel. Number (inc STD code)	Mobile Number	1.	2.	3.	4.
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1.																						
2.																						
3.																						
4.																						

	Pin Configuration	Operator Action Required (Keyholder, Emergency Services, Guarding Company)	Tested	Comments
Channel 1	Fire			
Channel 2	PA			
Channel 3	Intruder Alarm			
Channel 4	Open/Close			
Channel 5				
Channel 6				
Channel 7				
Channel 8				

<p>To be completed by Customer</p> <p>Monitoring to commence on:</p> <p>Name</p> <p>Signature</p> <p>Date</p> <p>Contact Tel</p>	<p>To be completed by Installer</p> <p>Installation date:</p> <p>This system does* / does not* comply with BS 8243. *Delete as applicable</p> <p>Sequential Confirmation? YES [] NO []</p> <p>Name</p> <p>Signature</p> <p>Date</p> <p>Contact Tel</p>
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To be completed by Visual Verification:	
<p>Head Office:</p> <p>VV Chip Number:</p> <p>VV Order Number:</p> <p>Dualcom Order Ref:</p> <p>Unit SIM:</p> <p>NUA/ Data Number:</p>	<p>Monitoring Station:</p> <p>Online: [] Yes Date online from</p> <p>Print Name:</p> <p>Sign Name:</p> <p>Date:</p>
<p>Head Office:</p> <p>VV Contract start date:</p> <p>Sign Name</p> <p>Date</p>	<p>Head Office:</p> <p>Contract Number:</p> <p>VV Contract issued by:</p> <p>Date</p>

For completion, if your Customer has a notable medical history, we can pass this on to the Ambulance Service in the event of receiving a confirmed Medical Alarm.

To be completed by the Resident

Medical Condition(s): e.g. Asthma, Heart Condition etc	
Medication: Heart Medication <input type="checkbox"/> Insulin <input type="checkbox"/> Inhalers <input type="checkbox"/> Oxygen <input type="checkbox"/> Warfarin <input type="checkbox"/> Aspirin <input type="checkbox"/> GTN Spray <input type="checkbox"/> Morphine <input type="checkbox"/> Other (Please specify below) <input type="checkbox"/>	
Location of Medication:	
Doctors Surgery:	
GP's Name:	
Address	
Address	
City/Town	Postcode:
☎ Daytime:	
☎ Out of Hours:	
Monitoring Commencement Date:	

In order for the Visual Verification Ltd to carry out all its functions, relevant data may be disclosed, as deemed necessary, to emergency services responding to an alert from your property or to any of the Respondents who have been authorised above.
 You must advise us in writing if there is any change in your circumstances.

- I hereby declare that I have included any material fact in this document which would affect any response initiated by Visual Verification on receipt of an alert from my premises.
- I consent to Visual Verification disclosing medical/personal data to the emergency services or to persons authorised above in the event of an emergency alert from my system.
- I declare that all statements and information provided in the application are, to the best of my knowledge and belief, true and complete.

Resident Name:	Signature:
Date:	

Please note that telephone calls may be monitored and recorded to help staff training, customer service and for security purposes.