



SECURE REGISTRATION FORM

COMPLETE ALL THE BELOW DETAILS, INCOMPLETE FORMS WILL NOT BE PROCESSED

System number: \_\_\_\_\_ Site: \_\_\_\_\_

Property address: \_\_\_\_\_

Instructions:

Please complete this registration form and return by email.  
Additional or replacement keys will be produced upon receipt of written instructions with authorised signature(s).  
Should a change of authorised signature(s) occur, please download and complete a new form.  
Please retain a copy of this form for your records.

Persons authorised to obtain additional keys

<input type="checkbox"/> Add signatory Name: _____ Title: _____ Mobile Ph: _____ Business Ph: _____ Email: _____	Please record specimen signature within box using black pen

<input type="checkbox"/> Add signatory Name: _____ Title: _____ Mobile Ph: _____ Business Ph: _____ Email: _____	Please record specimen signature within box using black pen

<input type="checkbox"/> Add signatory Name: _____ Title: _____ Mobile Ph: _____ Business Ph: _____ Email: _____	Please record specimen signature within box using black pen

<input type="checkbox"/> Add signatory Name: _____ Title: _____ Mobile Ph: _____ Business Ph: _____ Email: _____	Please record specimen signature within box using black pen

PLEASE RETURN VIA EMAIL: [INFO@ELITELOCKSERVICE.COM.AU](mailto:INFO@ELITELOCKSERVICE.COM.AU)