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# KEYHOLDER UPDATE FORM

So that we are able to maintain our records effectively, please complete this form giving current details. Thank you for your co-operation. Please ensure the form is fully completed before returning it to Panther Security.

**INSTALLATION SITE DETAILS**

Customer Name .....

Address .....

.....

Tel No .....

**KEYHOLDERS** (at least 2 required)

At least two keyholders are required. They should:

(a) Be conversant with the premises and the alarm system and be able to set and unset it.
(b) Be prepared to attend the premises in the event of an activation at any time.
(c) Be able to attend the premises within 20 minutes of being called.

Keyholder 1 Name .....

Tel No 1 ..... Tel No 2 .....

Keyholder 2 Name .....

Tel No 1 ..... Tel No 2 .....

Keyholder 3 Name .....

Tel No 1 ..... Tel No 2 .....

**PASSWORD** .....

A password is needed to **enable you to cancel false alarms** received at the alarm receiving centre due to mis-operation. Your password should be easily remembered (by both yourself *and* all authorised keyholders who may need to cancel a false alarm) but it should **be kept secret and not left displayed in any public place, eg. next to the alarm keypad**. The password **can be numbers or letters up to 12 characters in length** and can be changed later by advising Panther Security in writing.

**CUSTOMER SIGNATURE**

Signed ..... Print Name .....

Position ..... Date .....

*Panther Security is registered under the Data Protection Act. Personal data supplied on this form may be held on, and/or verified by, reference to information already held on computer.*