

KEY REQUEST FORM

Lockwise Safe & Security Ltd



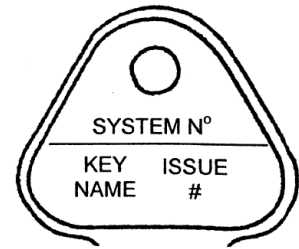
PO Box 5025, Greenmeadows, Napier 4145
 Email: roger@lockwise.co.nz
 0800 562 594 06 211 3205

Company Name: _____ Date: _____
 Site Address: _____

SYSTEM NUMBER
 (refers to stamping at
 the top of the key)

KEY NAME
 (refers to stamping at
 the top of the key)

QUANTITY
 (please word)



TOTAL KEYS REQUESTED = _____

Deliver to: _____

1. It is the responsibility of the signatories to notify Lockwise in writing of any alterations to this key system, otherwise this can cause delays in the issue of further keys
2. If a signatory cannot be obtained then no further keys will be issued until authenticity of title can be established
3. In the event that Lockwise is not formally notified that the system has been abandoned or has wholly changed ownership, and after attempts to verify ownership have been made, Lockwise does not accept liability for the issue of keys to other parties
4. Lockwise does not accept any liability for costs incurred as a result of keys being lost by courier.

Authorised signature(s) that match sample signature held by Lockwise Ltd

Sign here

PRINT NAME.....

Sign here

PRINT NAME.....

(if two signatures are required)

Confirmation that _____ received _____ key(s) on / /
Name pls word quantity