



# Keyholder Registration

Please complete clearly and accurately in BLOCK CAPITALS (except e-mail address) and post to:  
**TNT HOMEWATCH, THE OFFICE, 64 DURNFORD STREET, PLYMOUTH PL1 3QN.** Include your cheque made payable to **TNT HOMEWATCH** or if you prefer to use your debit / credit card please fill in below.  
**N.B. PLEASE KEEP A COPY OF THIS FORM AS YOUR INVOICE.** Company Registration No. 5803122

<input type="checkbox"/>		Credit/Debit Card No: _____ Issue No: _____ (Maestro only)	
		Valid From: _____ Expiry Date: _____ Security Code: (last 3 digits on signature strip) _____	
<input type="checkbox"/>		Cardholder's Name: _____	Cardholder's Signature: _____
<input type="checkbox"/>		Domestic / Registered Charity (up to two Keyholders)	£39.00 <input type="checkbox"/>
		Commercial / Non- Domestic (up to five Keyholders)	£69.00 <input type="checkbox"/>
		Additional Keyholders @ £5.00 _____	Total: £ _____ per annum
If paying by cheque please write the cheque number here _____			

## Section 1 PREMISES CONCERNED

Occupier of Property \_\_\_\_\_ Reg. Charity No: \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Town / City \_\_\_\_\_ Country \_\_\_\_\_ Post Code \_\_\_\_\_

Mobile \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Names \_\_\_\_\_ E-mail \_\_\_\_\_

## Section 2 DESCRIBE YOUR PROPERTY

Are all the premises part of a complex? Yes / No \_\_\_\_\_ Number of storeys \_\_\_\_\_

Domestic: House / Bungalow / Flat / Basement / Semi Detached / Terrace \_\_\_\_\_

Commercial: Shop / Offices / Warehouse / Farm / Other please give details \_\_\_\_\_

CCTV ( Commercial premises only) Yes / No Is the property alarmed? Yes / No Audible? Yes / No

Make & Model of alarm \_\_\_\_\_ Serial number \_\_\_\_\_

Contract No. \_\_\_\_\_ Engineer's telephone number \_\_\_\_\_

Is the alarm linked to any outside agency or police station? Yes / No If Yes, give details \_\_\_\_\_

\_\_\_\_\_

## Section 3 LOCATION OF STOPCOCK ETC.

Stopcock and / or Sprinkler \_\_\_\_\_

Electricity Mains Switch \_\_\_\_\_ Gas Inlets \_\_\_\_\_ Foam Inlets \_\_\_\_\_

## Section 4 HAZARDS & LOCATION

Please state the location of important hazards as though viewing the premises from the road fronting the building.  
 Please list ponds, dogs, geese, ditches, swimming pools, toxic inflammable substances etc.

\_\_\_\_\_

## Section 5 VULNERABLE PERSONS

Please state if there is a possibility of vulnerable persons on the premises.

INFIRM	DISABLED	CHILDREN	
			<b>NUMBERS</b>
			<b>LOCATION</b>