

### INSTALLATION COMPLETION ACKNOWLEDGEMENT

Client Name	Mr. Ruwan Manatunga
Address	No. 4/10H, Thalakotuwa Gardens Colombo 5
Installation Location (If different)	
Installation Completed Date	31-07-2019

The following equipment has been installed.

No#	Name	Unit Type	Quantity
1	Radion Trittech Wireless PIR (Outdoor) RFDL-11	Nos	3
2	Receiver-SDI2 (For B Series) B810	Nos	1
3	HD1080p, 1/2.7" CMOS, 24 pcs LEDs, 20m IR, Outdoor IR Bullet, ICR, 0.1 Lux/F1.2, 12 VDC, Smart IR, DNR, DWDR, IP66, 3.6mm Lens DS-2CE16D0T-IRPF	Nos	2
4	Solution 3000 ALARM PANEL ICP-SOL3-APR	Nos	1
5	ICON LCD CODEPAD IUI-SOL-ICON	Nos	2
6	WIRELESS KEYFOB FOUR BUTTON RFKF-FB	Nos	1

Were you trained on :

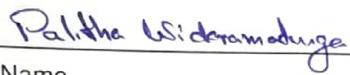
<b>Intruder Detection System</b> : How to Arm & Disarm the IDS, How to Add User Codes, How to Activate Fire, Medical, Panic & Duress, How to Use of Remote Controller, Fault Diagnosis, Isolating Zone, What action to take during heavy lightening to protect the panel.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>CCTV System</b> : Live Viewing, Play Back Viewing (including Time & Date search), PTZ Control, Remote Viewing, Taking Backups, What action to take during heavy lightening to protect the System.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Fire Alarm System</b> : Activating Alarms through MCP, Identifying Zones, Deactivating after Alarm.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Guard Tour System</b> : Test Tour, Downloading Data to PC, Taking Reports.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Access Control System</b> : Adding / Deleting Cards, Software Training, Emergency Door release.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Vehicle Tracking System</b> : Software Training.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments :

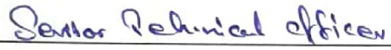
On behalf of **M3Force (Pvt) Ltd**




Signature



Name

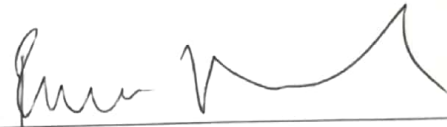


Designation

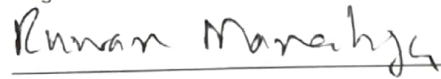


Date

On behalf of **Customer**



Signature & Company Seal



Name

Designation

Date

## CUSTOMER FEEDBACK FORM - INSTALLATIONS

Please Give us a minute of your time to help us better serve your needs.

Customer Name:

Mr. Ruwan Manatunga

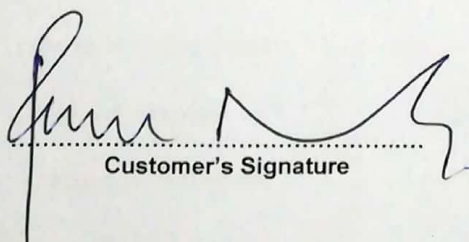
Date :

	Very Good	Good	Average	Poor	Very Poor
Was the work completed to your satisfaction?	✓				
Was the work completed on time?		✓			
Was the job site left clean and orderly?	✓				
Were the installers profession and courteous?	✓				
Was the Customer Service Representative courteous and helpful?		✓			
Were the user instructions easy to understand?		✓			
Were your questions answered to your satisfaction?	(Yes / No) ✓				

How did you hear about us?

- Yellow Pages
- Rainbow Pages
- Through a friend
- Billboard
- E-mail campaign
- Other


Comments:

  
Customer's Signature



## CUSTOMER DETAIL SCHEDULE

Please Print Clearly		Account Number	
<b>Customer Details</b>			
Full Name			
Monitored Address			
Client Type		Residence	Corporate
			Industrial
Name of the Company			
Address			

Contact Persons in Case of an Emergency			
Name	Pass Word	Mother's Maiden Name	Contact Number
	} already with the monitoring team.		

Alarm Action				
	Special Comments (Customer's Standing Instructions)	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Burglary				
Fire				
Medical				
Panic				
Dispute				
P – Police      FB – Fire Brigade      A – Ambulance      M3 – M3Force				

Nearest Police Station : ..... Tele. No : .....  
Nearest Hospital : ..... Tele.No : .....  
Nearest Fire Brigade : ..... Tele.No : .....

## CUSTOMER DETAIL SCHEDULE

Zone Information			
Zone	Detector Type	Location	Detector Count
1	PIR	(Existing)	
2		(Existing)	
3		(Existing)	
4		(Existing)	
5		(Existing)	
6		(Existing)	
7		(Existing)	
8		NOT USE	
9		NOT USE	
10	Wireless PIR	GF (NEW)	01
11	Wireless PIR	First Floor left side window (NEW)	01
12	Wireless PIR	First Floor Right side window (NEW)	01

### User Code Name

User Code 1		User Code 9	
User Code 2		User Code 10	
User Code 3		User Code 11	
User Code 4		User Code 12	
User Code 5		User Code 13	
User Code 6		User Code 14	
User Code 7		User Code 15	
User Code 8		User Code 16	

### Schedule Information

	System Arming Time	System Dis-arming Time
Monday	} Existing time	
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



**CUSTOMER DETAIL SCHEDULE**

**Customer Acknowledgement**

Having read and understood, I hereby state that I accept the terms and condition of this agreement and I confirm that I accept the installation and monitoring and other services quoted above.

On behalf of M3Force (Pvt) Ltd 	Customer's Signature of Confirmation 
Name: <u>Palitha Wickramatunga</u>	Name: <u>Kumar Manatunga</u>
Date : <u>06/08/2019</u>	Date : <u>06/08/2019</u>