

## CUSTOMER DETAIL SCHEDULE

Please Print Clearly		Account Number		
		7293		
<b>Customer Details</b>				
Full Name	ANGEL PATRICK			
Monitored Address	84/2. TEMPLERS ROAD. MOUNT LAVINIA.			
Client Type		Residence	Corporate	Industrial
		✓		
Name of the Company				
Address				

Contact Persons in Case of an Emergency			
	Name	Pass Word	Contact Number
1	ANGEL PATRICK	VIOLET	ROSE 011 271 2351 0777 301 673
2	JACINTHA PATRICK	VIOLET	ROSE 011 271 2351 077 514 3954
3	MARIE	VIOLET	ROSE 011 271 2351 077 989 2879
4	SHAN PATRICK	VIOLET	ROSE 011 271 6420 0777 587 337

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

Nearest Police Station : MOUNT LAVINIA      Tele. No: .....  
 Nearest Hospital : KALUBOVILA TEACHING      Tele.No : .....  
 Nearest Fire Brigade : LOTUS GROVE      Tele.No : .....

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[illegible]

User Code 1	ANGELO PATRICK	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	10:30 PM	5:00 AM.
Tuesday	10:30 PM	5:00 AM
Wednesday	10:30 PM	5:00 AM
Thursday	10:30 PM	5:00 AM.
Friday	10:30 PM	5:00 AM.
Saturday	10:30 PM.	5:00 AM.
Sunday	10:30 PM.	5:00 AM

Customer Acknowledgement	
Having read and understood, I here by 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  <i>dsa</i>	Customer's Signature of Confirmation  <i>Ant</i>
Name: <i>Chintana Deshpande</i>	Name: <i>ANGELO PATRICK</i>
Date : <i>31/11/2018</i>	Date : <i>3rd December 2018</i>

*Medi Calls Registration no: 564*