**Handover Form**

Date :

Our Ref No Branch :

Client Name

Number of Kiosks

Number of Counters Number of Screens Size

Name of Counters :

Media Controller De coder  
No of Media Controller Device No of De Coder   
Display Signage   
Client Video Installed Number of Speakers

Number of Staff been trained

Delivery Date Installation Date   
Training Commencement Date Training Completion

Escalation Matrix

Name Position Contact No E-Mail ID

Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reliance Solutions Kenya Ltd Customer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signatory**

Company Stamp & Seal Here