

REGISTRATION/CHANGE FORM NVD ALARM & SERVICE CENTER

P.O. box 3049
2001 DA Haarlem

Tel. 023 - 5 414 444
Fax 023 - 5 911 912

aanmelden@nvd.nl
www.nvd.nl

☐ NEW ☐ REVISION

RISK ADDRESS

Name

Contactperson

Address

Postal code/city

Phone number

E-mail

Object ☐ Office ☐ Hospitality ☐ Residential
☐ Retail ☐ School ☐ Other:

BILLING/MAILING ADDRESS

Name

Address/PO Box

Postal code/city

E-mail (digital invoicing)

INSTALLER

Company name

Name installer

ALARM RESPONSE SERVICE PROVIDER

Company name

Phone number

In what order should NVD response service be contacted?

Alarm response service: only call at the request of the key holder

Alarm response service has full handling rights

KEY HOLDERS (Please list at least three keyholders in the desired order of alarm response)

Initials

Name

Gender

Code identification number

Phone number 1

Phone number 2

1

2

3

4

5

IN THE ABSENCE OF TEST SIGNAL

IN CASE OF INTERNET FAILURE

IN CASE OF A BACKUP SIGNAL FAILURE

Installer

Date

Signature for agreement

Client

Date

Signature for agreement

DIGITAL REPORTING

E-mail

CONNECTION DETAILS For more info: nvd.nl/ac

Connection number

Connection date

Installation type

Protocol

Prom no.

Sub-prom no.

Sub connection

GPRS available

Transfer

Raid

Fire

Separate class 1

OMS

AGREEMENT

Start date

SWITCHING TIME CONTROL (business) Yes / No

MON off:

on:

TUE off:

on:

WED off:

on:

THU off:

on:

FRI off:

on:

SAT off:

on:

SUN off:

on:

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ZONE DECLARATION (if not included)

Name zone

Name user

1

2

3

4

5

6

7

8

ADDITIONAL INSTRUCTIONS AND DETAILS

Installer

Date

Signature for agreement

Client

Date

Signature for agreement