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:

☐ Basic
☐ SP2 4G
☐ SP2 LAN
☐ DP1 LAN + 4G
☐ DP1 4G + 4G
☐ DP3 LAN + 4G
☐ DP3 4G + 4G
☐ DP4 LAN + 4G
☐ DP4 4G + 4G

CONNECTION DETAILS For more info: nvd.nl/ac

Connection number

Connection date

Installation type

Protocol

Prom no. Sub-prom no.

Sub connection Yes / No

GPRS available Yes / No

Transfer Yes / No Raid Yes / No

Fire Yes / No Separate class 1 Yes / No

OMS Yes / No

BILLING/MAILING ADDRESS

Name

Address/PO Box

Postal code/city

E-mail (digital invoicing)

AGREEMENT

Start date

INSTALLER

Company name Name installer

ALARM RESPONSE SERVICE PROVIDER

Company name Phone number

In what order should NVD response service be contacted?	1st / 2nd / 3rd / 4th
Alarm response service: only call at the request of the key holder	Yes / No
Alarm response service has full handling rights	Yes / No

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:

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		m / f			
2		m / f			
3		m / f			
4		m / f			
5		m / f			

IN THE ABSENCE OF TEST SIGNAL

Immediate action / action between 08:00 - 22:00

IN CASE OF INTERNET FAILURE

Immediate action / action between 08:00 - 22:00

IN CASE OF A BACKUP SIGNAL FAILURE

Immediate action / action between 08:00 - 22:00

Installer

Date

Signature for agreement

Client

Date

Signature for agreement

DIGITAL REPORTING

Per week / per month / none

E-mail

You must send this form completely completed and signed to the NVD Alarm and Service Center. You can do this by email: aanmelden@nvd.nl or by post to the above address.

2025/1

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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	**Client**
Date	Date
Signature for agreement	Signature for agreement