

**Architectural Locksmith Service Aust**188 Norton Street, Leichhardt NSW 2040, [locks@alservices.com.au](mailto:locks@alservices.com.au)

Phone: (02) 9564-5935, Fax: (02) 9560-8219

**GN0838****Rhodes Azure Apartments/Westbourne**

14-Feb-2013 09:51

**Signature Registration****System No:GN0838****Site: Rhodes Azure Apartments/Westbourne****Instructions**

Please complete this registration card and return in the envelope provided.

Additional or replacement keys will be produced upon receipt of written instructions with authorised signature(s).

Should change of authorised signature(s) occur or a change of ownership, please contact us so that a new certificate can be issued.

Please retain a copy of this certificate for your records.

Type: Lockwood 6 Pin

Profile: GH3

Installed: 03-Sep-2012

Address:

Contact: GM821-JOMON

Email:

Phone 1:

Phone 2:

Fax 1:

Fax 2:

Signatures Required: 1

**Persons authorised to obtain additional keys** Remove signatory  Change signatory as indicated

Please record specimen signature within box below using a black pen.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Business Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

 Remove signatory  Change signatory as indicated

Please record specimen signature within box below using a black pen.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Business Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

 Add signatory

Please record specimen signature within box below using a black pen.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Business Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Architectural Locksmith Service Aust****GN0838**188 Norton Street, Leichhardt NSW 2040, [locks@alservices.com.au](mailto:locks@alservices.com.au)**Rhodes Azure Apartments/Westbourne**

Phone: (02) 9564-5935, Fax: (02) 9560-8219

14-Feb-2013 09:51

**Signature Registration****System No:GN0838****Site: Rhodes Azure Apartments/Westbourne** Add signatory

Please record specimen signature within box below using a black pen.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_  
 Mobile Ph: \_\_\_\_\_  
 Business Ph: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

 Add signatory

Please record specimen signature within box below using a black pen.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_  
 Mobile Ph: \_\_\_\_\_  
 Business Ph: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

 Add signatory

Please record specimen signature within box below using a black pen.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_  
 Mobile Ph: \_\_\_\_\_  
 Business Ph: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_