

RESTRICTED KEY REGISTRATION CERTIFICATE

Date:/ /		System No:
Company:		
Contact:		
Address:		
-		Post Code:
Mailing Add:		Post Code:
Property Add For keys		Post Code:
		Mob:
restricted. Replacement	Ltd Restricted Key System provide keys may only be obtained by a sign conly after the completed Registration	on Certificate is received by
Each Key System is un	que and the design is subject to cop	byright, therefore, systems are not transferable.
	o obtain additional, replacement of ation of: ANY/ANY TWO/ALL pe NAME)	
Name:	Position:	Signature:
Name:	Position:	Signature:
Name:	Position:	Signature:
When completed, plea	se return <u>ORIGINAL</u> to:	
Doctor Lock Group Pty PO Box 175 Bentleigh		
If you have any queries 5.00pm. Thankyou!	please contact James Hamilton on	mobile 0412 306 039 between 9.00am –