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| cid:image006.jpg@01D3E5FE.51A79F30 | **TEK SAFE PERSONAL DURESS ALARM**  **Emergency Contact Form** |

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| **Account ID.** |  | | | | | **TEK SAFE Mobile No.** | | | | | | |  | | | | | | | | |
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| Handover Date: |  | | / |  | | / |  | |  | | | | | | | | | | | | |
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| Client Name: |  | | | | | | | | | | | | | | | | | | | | |
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| Address: |  | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | **Post Code:** | | |  | | | | **State:** | |  |
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| Date of Birth: |  | | / |  | | / |  | |  | | | | | | | | | | | | |
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| Mobile No. |  | | | | | | | | | | | | | | | | | | | | |
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| Gender: |  | | | | | | | | | |  | Car Registration No. | | | | |  | | | | |
| **EMERGENCY CONTACT (These contacts are required to be available 24 hours a day / 7 days a week** | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
| Relationship: |  | | | | | | | | | | | | | | | | | | | | |
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| Mobile No. |  | | | | | | | | | | | | | | | | | | | | |
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| **SPECIAL INSTRUCTIONS (eg. response if activated in an emergency)** | | | | | | | | | | | | | | | | | | | | | |
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| **CONSENT**  Tek Safe places the utmost importance on your privacy and the information provided in the documentation will be used in accordance with the Data Protection Act 1998/2001. Any Information provided will be held by Tek Safe and its monitoring service partner solely for the purpose of providing an effective monitoring service and escalation process. This information will not be shared with any other third party without your consent unless required by law. | | | | | | | | | | | | | | | | | | | | | |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Client* | | | | | | | | | | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Tek Safe Representative* | | | | | | | | | | | |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | | | | | | | | | | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature* | | | | | | | | | | | |
| *\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | | | | | | | | | | *\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date* | | | | | | | | | | | |