

Balwyn Apartments Owners Corporation

ABN – 56 814 272 486

RESTRICTED KEY ORDER FORM

(Version – September 2022)



URD.OC
Management

**TENANTS/RENTERS ARE NOT TO COMPLETE THIS FORM.
THIS FORM MUST BE COMPLETED AND SIGNED BY THE APPLICANT,
BEING THE OWNER OR AN AUTHORISED MANAGING AGENT.**

STEP 1 LOT & OWNER DETAILS (MUST COMPLETE)

Lot/Unit number: _____ / _____ Intended Use: **Owner Occupied** **Tenanted**

Owner Name(s): _____

Owner Email: _____ Mobile: _____

STEP 2 APPLICANT DETAILS

OWNER

(If you are a new Owner, please attach a copy of the **Notice of Acquisition**)

AGENT (COMPANY NAME) _____

(If you are an Agent, please attach a copy of the **Managing Authority** and **Signed Lease Agreement**)

Agent Name: _____

Agent Email: _____ Phone: _____

STEP 3 APPLICANT TO SIGN

Signature _____ Date ____/____/____

STEP 4 COMPLETE ORDER & SEND TO OC MANAGER

Omega Security Solutions may only create the number of keys that the Applicant indicates here and is approved by the Authorised Signatory (Owners Corporation Manager).

Number of keys: _____

Email completed form to the Owners Corporation Manager (kf@urdocm.com.au) together with the documents required above for authorisation.

Once the OC Manager has authorised your order and returned to you, you must then complete page 2 and send directly to keys@omegacorp.com.au.

STEP 5 AUTHORISATION (OFFICE USE ONLY)

A representative of the OC Manager must sign prior to the Building Manager processing the order.

URD OC Management

ABN - 55 165 689 654

PO Box 1144, CARLTON VIC 3053

Tel (+61 3) 9347 5023 - Fax (+61 3) 9347 0287

contact@urdocm.com.au – www.urdocm.com.au



RESTRICTED KEY REQUEST FORM**ALL FIELDS ARE MANDATORY – Please note payment details must be provided**Return completed form to keys@omegacorp.com.au Date: _____

Key System Number: _____ (this number is engraved on all keys)

Company Name / Individual: _____

Delivery Address: _____

Suburb: _____ Post Code _____

Contact Phone No: _____

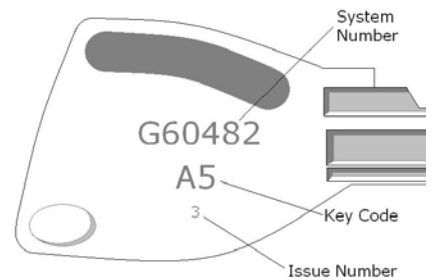
Please supply the following restricted keys to the above Master Key System

Key No: _____ Qty: _____ Key No: _____ Qty: _____

Key No: _____ Qty: _____ Key No: _____ Qty: _____

Delivery Method: Registered Post \$12.50 Express Post \$20.00 Courier: POA Ring When Ready for Collection

Lockwood Gen6

**Payment Type – PAYMENT DETAILS MUST BE PROVIDED** **EFT Payment** - please provide email address and a pro-forma invoice will be sent including banking details

Email : _____

 Credit Card Details: Visa / Master Card Amex Diners

Number: _____ Exp: _____ CCV _____

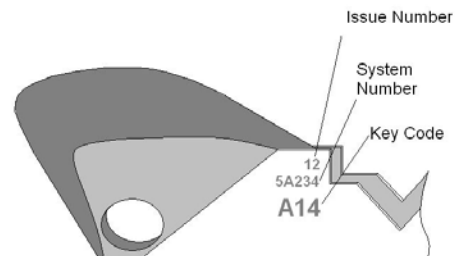
 Cheque - please send a copy of this completed form with cheque **Company Account** –INVOICE TO: Company Account Name: _____

Omega Account Code: _____ Purchase Order # _____

 Invoice to be sent with goods. Invoice to be sent to Company Account holder**Authorisation for Keys to Be Cut**

I hereby certify that I am registered as an authorised signatory for the above Master Key System, and I authorise Omega Security Solutions Pty Ltd to cut the above keys as required.

BI-Lock New Generation

Authorised Signature: _____**Print Name:** _____**Submit Form****Print Form****Reset Form**