

Security Application Form (Access Control)

DOMESTIC WORKER APPLICATION FORM (Please complete this in full, in block letters and black ink)

DOMESTIC WORKER: This application needs to be accompanied by the **SIGNED RESIDENT/OWNER APPLICATION FORM** and **SIGNED OWNERS APPLICATION FORM** if the Resident is registering for the first time.
All Applications must be handed in when you enroll on the Security System.

1. Domestic Worker's Details

Title: <input type="text"/>	First Name(s): <input type="text"/>	Last Name: <input type="text"/>
Tel Number: <input type="text"/>	Cell Phone Number: <input type="text"/>	
(Home)	(083000000)	
Stand Number: <input type="text"/>	ID Number: <input type="text"/>	
Residential Address: <input type="text"/>	Postal Address: <input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Vehicle Registration: <input type="text"/>	Code: <input type="text"/>	Code: <input type="text"/>
Employment Start Date <input type="text"/>	Employment Renewal Date (1 Year from start date) <input type="text"/>	

I the undersigned _____ hereby acknowledge that to the best of my knowledge all above information is correct. I also acknowledge that I am responsible for this account created on the security database and will inform the Security Manager in writing of any changes that might occur over time.

(Full Names) (Signed) (Date)

2. For Office Use Only

2.1 Supporting Documentation

Please tick boxes of supporting documents received.

- ☐ RESIDENT/OWNER APPLICATION FORM
- ☐ SIGNED DOMESTIC WORKERS APPLICATION FORM
- ☐ MADE A PHONE CALL TO THE TENANT AND CONFIRMED THE DETAILS

I the undersigned _____ in my capacity as Security Administrator hereby acknowledge that to the best of my knowledge all above information is correct.

(Full Names) (Signed) (Date)

2.2 Access Fingers

Please Indicate which fingers was enrolled on the Biometric readers.

