Securitas Operations Center
Phone: 040 285 34 35
meldkamer@securitas.nl
versie 1 2022

CONTROL ROOM REGISTRATIONS FORM

Clientnumber CS#

Installer no

If IP connection IP address

Securitas (Converter) sim.

Line number if IP

No. Installation date

Unit number if IP Brand

Alarm Centre/dialer

Typ

Protocol

☐ Transfer from Alarm Centre

SUBSCRIPTION INFORMATION

Last name

First name

Contact person

Location address

Zip code

City

Phone number

Email

☐ BORG certificate / ☐ Delivery receipt

Type of object

BILLING ADDRESS (IF DIFFERENT FROM SUBSCRIPTION ADDRESS)

(Family) Name

Contact person

Billing address

Zip code

City

Phone number

Email

Invoicing

By email

Dialer Grade	Standard installation	Fire alarm system in accordance with NEN2535 and NEN2564-1*
SP2	☐	N.v.t.
DP1	☐	N.v.t.
DP2	☐	N.v.t.
DP3	☐	☐
DP4	☐	☐

** When registering a fire alarm system in accordance with the aforementioned NEN standards, we would like to receive the valid certificates.*

Purchase additional options	At additional cost!**
Technical notification	☐
Urgent technical notification	☐
Panic/help request	☐
Medical	☐
Robbery	☐
Communication via operator	☐

*** Mark what is applicable.*

Securitas

Clientnumber CS# | Installer no.

CONTROL ROOM REGISTRATIONS FORM

CONTACT PERSONS / KEYHOLDERS / SURVEILLANCE (fill in at least 3) + possibly authorised persons

	Mr/Ms/Fam + last name	Phone number 1	Phone number 2	ID-code
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Connected zones and desired call are automatically transferred to the system during autoconfiguration. If required, the data can be entered below.

CONNECTED ZONES

	Zone indication	Name user
XX01		
XX02		
XX03		
XX04		
XX05		
XX06		
XX07		
XX08		
XX09		
XX10		
XX11		
XX12		
XX13		
XX14		
XX15		
XX16		

Securitas

Clientnumber CS# _____ Installer no. _____

CONTROL ROOM REGISTRATIONS FORM 3 / 3

Additional options (mark and fill in which additional option you would like to purchase at an additional cost, see price list)

☐ SCHEDULE PROTECTION* (surcharge applies per block/section)

Number of Blocks/Sections ____ Allowed / Must be off

Monday	☐ Allowed	☐ must be off	____ / ____	hour	Monday	☐ must be in	____	hour
Tuesday	☐ Allowed	☐ must be off	____ / ____	hour	Tuesday	☐ must be in	____	hour
Wednesday	☐ Allowed	☐ must be off	____ / ____	hour	Wednesday	☐ must be in	____	hour
Thursday	☐ Allowed	☐ must be off	____ / ____	hour	Thursday	☐ must be in	____	hour
Friday	☐ Allowed	☐ must be off	____ / ____	hour	Friday	☐ must be in	____	hour
Saturday	☐ Allowed	☐ must be off	____ / ____	hour	Saturday	☐ must be in	____	hour
Sunday	☐ Allowed	☐ must be off	____ / ____	hour	Sunday	☐ must be in	____	hour

☐ One-time check for SWITCHING-ON between 22.00 and 24.00 hours per block/section. Preferred time _____ hour

☐ Reporting by ☐ da / ☐ week / ☐ month to the following email address _____

** Mark what is applicable.*

GENERAL

The subscriber/installer hereby declares to have completed this registration form truthfully. Only fully completed forms will be processed. If services are used other than those specified, they will be charged according to the applicable rates. If there are any changes in these details or if you have any questions about this form, please contact Securitas, Customer Service department, on working days from 8.30 a.m. to 5 p.m. by calling 040-2853435 or by e-mail at meldkamer@securitas.nl.

By signing this application form, the Client declares that it has received the Securitas' General Terms and Conditions of Service version 2021 private individuals (these terms and conditions are included at the end of the application form), has taken note of their contents and agrees to them.

For agreement

Installer _____

Date _____

Signature _____

Name of customer/signatory

Client _____

Date _____

Signature _____

Comment(s) _____

SEND

Save this pdf document locally on your computer. Then send us an email to meldkamer@securitas.nl and please attach this file.

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FILL IN IF VIDEO VERIFICATION IS ALSO USED

Clientnumber CS# if known		Installer no.	
Name client			

DVR/NVR DATA

Brand		Login for all devices	
Typ		Password for all devices	
IP-address		Open IP/Range If applicable in Firewall	IP: 87.213.231.150 IP Range: 91.223.140.0/24
Port			
ISP Upload Mpbs	ADSL		

CAMERA DETAILS (For multiple cameras, send a list)

	Brand	Typ	Camera name	Ext. IP-adres	Gate	Data	Cmd	RTSP	Typ
01.									Fixed
02.									Fixed
03.									Fixed
04.									Fixed
05.									Fixed

AUDIO DEVICE DATA

	Brand	Typ	Camera name	Ext. IP-address	Gate
01.					

I/O DATA

	Brand	Typ	Camera name	Ext. IP-address	Gate
01.					
02.					

INVOICING MOMENTS (mark what applies, always make a choice, for rates see price list)

- ☐ Per moment
- ☐ Prepaid bundle per 10 pieces