***Premises Information Box™ (PIB)® System ‐ Registration Form***

**Ordering Officer: Purchasing Company Name:**

***1 of 2 pages***

**Purchase order No Date:**

*Purchase order should be attached*

Please note that for security purposes, UK fire brigades all use different master key systems. It is important that you ensure the fire brigade that has jurisdiction over the building in which the PIB will be sited is aware of where the PIB is located. Premises Information Box™ (PIB)® Systems use a high security locking mechanism, and a registered key is required to access the PIB®. **Registered keys are only available from the Company through an authorised key signatory process.** The Buyer should ensure that they have a registered key available at all times and the Company suggests that such keys are kept securely. It is the responsibility of the Buyer to ensure that the keys are managed in line with an appropriate key management policy. Replacement keys can be ordered from the Company, subject to availability**. The PIB**® **and keys supplied for the PIB are strictly not for re-sale**

**THE PIB-S MUST NOT BE MOVED TO ANOTHER LOCATION OUTSIDE THE JURISDICTION OF THE FIRE BRIGADE FOR WHICH THEY WERE ORIGINALLY SPECIFIED.**

**Proposed PIB Location details**

**Organisation Name:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***PIB Specification (Standard / High / HSSPIBC)*** | ***PIB Location (whereabouts on the building)*** | ***Address 1*** | ***Address 2*** | ***Town*** | ***County*** | ***Post Code*** | ***Brigade Jurisdiction*** |
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***Premises Information Box™ (PIB)® System ‐ Registration Form 2 of 2 pages***

**Key Registration details**

*Must be completed by the person at the PIB location responsible for the PIB Keys. Additional keys can only be purchased by the registered key holder*

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Name** |  |  |  |
| **Email Address** |  | **Telephone number** | \* |
| **First Name** |  | **Mobile number** | \* |
| **Surname** |  |  |  |
| **Department** |  | **Position** |  |
| **Address** |  | **Postcode** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pin Number**  ***This is a 4 digit number of your choice. It is used to verify you as the registered key holder upon reordering of keys.*** |  | **Password**  ***This is a word of your choice. It is used to verify you as the registered key holder upon reordering of keys.*** |  |

**Authorise Key Holder Name:**

\*

**Line Manager Name:**

By completing this form you are agreeing to Gerda Security Products Limited terms and conditions of sale.

***\* PLEASE NOTE:***

***The PIB Location details are sent to your Fire& Rescue Service for their records. Additionally we can send them the Authorised Key Holder name and contact number. Should you NOT wish your contact details to be sent then please tick the relevant box.***

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