



Name of Premises: _____ NTFAST ID: _____

Address of Premises: _____

Owner of Premises: _____ Phone No: _____

Owners Postal Address: _____

Insurance Company for Building: _____

Subscriber (Biller) Name: _____ Phone No: _____

Subscriber (Biller) Postal Address: _____

Email Address: _____ ABN: _____

Tenant or Agent: _____ Phone No: _____

I acknowledge that the Subscriber as named here, remains responsible for the payment of any invoices for unwanted alarm activations which may have occurred prior the date of disconnection.

Subscriber Name: _____ Position: _____

Company Name: _____

Signature: _____ Date: ____ / ____ / ____

NTFRS Use Only

Keys Returned

Date: ____ / ____ / ____