



REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

MAIN ACCOUNT HOLDER PERSONAL INFORMATION

TITLE	<input type="text"/>	FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	POSTCODE	<input type="text"/>
PHONE	<input type="text"/>	EMAIL	<input type="text"/>
PASSWORD	<input type="text"/>		

DEPOSIT BOX SPECIFICATIONS

BOX SIZE	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>	E	<input type="checkbox"/>	F	<input type="checkbox"/>	G	<input type="checkbox"/>
MEMBERSHIP LENGTH (YEARS)	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	5	<input type="checkbox"/>	10	<input type="checkbox"/>				
			SAVE 10%		SAVE 15%		SAVE 20%		SAVE 30%					
LEVEL OF INSURANCE COVER REQUIRED	£ <input type="text"/>													

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF SECURE VAULTS AND AGREE TO BE BOUND BY THEM. SIGNATURE _____ DATE _____

PLEASE NOTE: A REFUNDABLE KEY DEPOSIT (£99) IS REQUIRED. IT WILL BE REFUNDED WHEN YOUR CONTRACT ENDS AND YOUR ASSIGNED KEYS AND ID CARD ARE RETURNED.

I CONSENT TO RECEIVING UPDATES REGARDING NEW PRODUCTS, SERVICES, AND PROMOTIONAL OFFERS FROM SECURE VAULTS.

OFFICE USE ONLY

VALID PROOF OF ID AND ADDRESS

SIGNED DECLARATIONS (S)

COST OF BOX RENTAL £

PAYMENT TYPE

KEY DEPOSIT

KEYS SUPPLIED

INSURANCE INCL.

RFID CARD SUPPLIED

BOX CODE

TOTAL

BOX NUMBER

START DATE

END DATE

STAFF NAME

STAFF SIGNATURE