

# AUTHORISATION FORM

## Authorised Purchase of Goods

I / We\* hereby authorise the below personnel to purchase the following dormakaba Cylinder Lock(s) / Key(s)\* duplication for site location at:

Company / Site Name : \_\_\_\_\_

Key Plan Number : \_\_\_\_\_

Note: Kindly contact Dormakaba, Mr Ang Shi Wei, at Tel: 6490-4239 or email your application to shiwei.ang@dormakaba.com

## Authorised Company Details

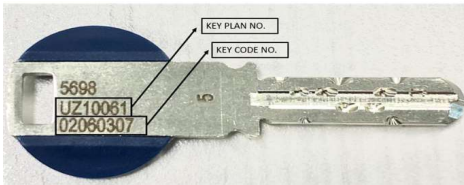
Quotation will be sent based on the below information for billing purposes.

Appointed Third Party <input type="checkbox"/>		Direct Use <input type="checkbox"/>		(please tick one)
Company Name:		Name: (Mr/Mrs/Miss/Ms)*		
Company Address:		Contact Number:		
		Email Address:		

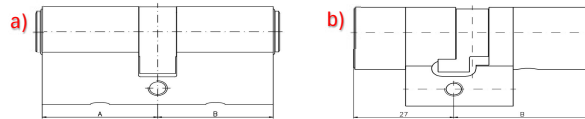
## Product Details

Type of Cylinders (Swiss Profile/Euro Profile/Keyswitch Eg.)	Length of Cylinders	Keycode	Cylinder Qty	Key Qty	Remarks

\*Please attach photo(s) of existing dormakaba cylinder lock / key with this form



\*Please indicate length of cylinder if there is any special length  
Cylinder will be ordered in standard length if there is no indications  
\*Standard length for Euro Profile @ 35mm/35mm (refer to picture a)  
\*Standard length for Swiss Profile @ 32.5mm/32.5mm (refer to picture b)



Authorised Signatory 1

Authorised Signatory 2

\_\_\_\_\_  
Authorised Signature with Company Stamp

\_\_\_\_\_  
Authorised Signature with Company Stamp

Name & Designation:

Name & Designation:

Date:

Date:

*\*Delete if applicable*

**For official use only**

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_