

# COUNSEL'S CHAMBERS LIMITED

# A

A.C.N. 000 111 302

When replying please quote

## CARD AND TAG ACTIVATION FORM COMPANY SHAREHOLDERS

**Please read, complete and sign this form and return to Counsel's Chambers Limited to activate your proximity card or tag.**

Surname: ..... First name: .....

Residing Floor & Building: .....

Attached Floor & Building (leave blank if same as residing floor): .....

Phone Number: ..... E-mail: .....

Please indicate which proximity access device you have chosen.

Proximity Card:

Proximity Key Tag:



Serial Number: .....

Please note the following:

- The proximity card or tag that is issued is the property of Counsel's Chambers Limited.
- The card will provide after hours access into the building and onto all floors of Selborne & Wentworth Chambers and the National Dispute Centre.
- The cost to replace a card or tag that has been lost, stolen or damaged due to misuse is \$50 + GST.
- The user will be responsible for the use and ownership of the access device.

**SIGNATURE:** .....

### Office Use Only

User Activation Date: ..... CCL .....

User Termination Date: ..... CCL .....

Accept ID #: .....

Request Letter Check:

Extra Notes: .....

.....

.....

.....

.....

17 4 Phillip Street, Sydney, NSW 2000, Australia

DX 973. Phone: (02) 9231 3644. Fax: (02) 9235 3783. E-mail: admin@counselschambers.com.au