



Quality Management System

Kyalami Estates  
Holiday Instruction Form



**FULL NAME:** .....

**FULL ADDRESS:** .....

.....

**DEPARTURE DATE:** .....

**RETURN DATE:** .....

**IN CASE OF AN EMERGENCY PLEASE CONTACT**

NAME & SURNAME	CONTACT NUMBER
1)	
2)	
3)	

**NAME OF PERSON/S STAYING AT YOUR HOME**

NAME & SURNAME	CONTACT NUMBER

**ANIMALS**

NAME	AGGRESSIVE
1)	YES / NO
2)	YES / NO

**ANY OTHER INSTRUCTIONS / INFORMATION:** .....

.....

I HEREBY AUTHORIZE THE CONTACT PERSON/S TO ATTEND TO / ARRANGE ANY EMERGENCY REPAIRS THAT MAY BE REQUIRED DURING MY ABSENCE.

(Please delete whichever is not applicable)

Prior to your departure please attend to the following:

- 1) Test your alarm system by phoning the control room on **011 468 3001** – select option 1
- 2) Ensure that the contact person staying at your home knows how to operate the alarm system and has the contact number for the control room.
- 3) No keys are left in the doors.
- 4) No fire arms are left on the property.
- 5) Ensure that all windows are closed properly.

**Signature:** ..... **Date:** .....

**Security Contracts Manager:** ..... **Date:** .....