UNIT 5 SECURITY & INVESTIGATION (PTY) LTD

TRACKING INSTALLATION & VEHICLE REGISTRATION FORM

Unit 5 Tracking Division

Client Name / Company: _____

Account / Client Number: _____

Contact Person: _____

Telephone: _____

Email: _____

Vehicle Registration: _____

VIN: _____

Make / Model: _____

Colour: _____

Year: _____

Primary Driver: _____

Installation Address: _____

Preferred Installation Date: _____

Tracking Service

☐ Live GPS Tracking ☐ Fleet Management ☐ Asset Tracking ☐ Alerts / Geofencing ☐ Recovery / Response Support
☐ Other

Device / IMEI: _____ SIM / Network: _____

Installation / Handover

Installer: _____ Installation Date: _____
Client App / Portal Activated: ☐ Yes ☐ No
Client Handover Completed: ☐ Yes ☐ No

Client Signature: _____ Installer / Unit 5: _____