

MY CARE FONE

24x7 Personal Home Alarm Monitoring

SERVICE APPLICATION FORM



Use this application form to order a new service. You may complete it electronically or on paper. Ensure all sections are filled out thoroughly and send to **sales@myhomefone.com.au** or return to your MyHomeFone representative.

Salesperson:

SECTION 1: Account Holder Details

☐ I am a new customer; my *New Customer Account Registration Form* accompanies this form.

☐ I am an existing customer; my Account Number is:

Promotional Code:

SECTION 2: Service Plan Selection

This service qualifies for a range of government-subsidised programs. If you have approved funding, please select the correct monthly or annual plan based on your scheme's requirements to ensure your claim is successfully approved by the relevant government department or agency.

For plan details, please refer to the Critical Information Summary (CIS).

Select one plan below:

	Setup	Recurring
☐ Basic Standalone Monitoring - MONTHLY	\$149	\$29
☐ Basic Standalone Monitoring - ANNUALLY	\$0	\$449

To bundle monitoring with a Home Phone plan with optional Wi-Fi Hotspot, use the Home Phone Service Application Form.

SECTION 3: Service Address

In the event you require emergency services, please provide your address:

Complex Name:

Street Address:

Suburb:

State:

Postcode:

Key Hide Location (if applicable):

Key Safe Code:

SECTION 4: Resident / User Details

Please confirm the details of the residents at the service address:

RESIDENT 1

First Name:

Last Name:

Date of Birth:

Phone Number:

Is there anything else important we should know about? i.e. mobility problems

RESIDENT 2

First Name:

Last Name:

Date of Birth:

Phone Number:

Is there anything else important we should know about? i.e. mobility problems

SECTION 5: Emergency Contacts

Please list the details of at least two people who have agreed to be contacted in the event the above residents require assistance. Nominated contacts should ideally live within a reasonable distance, be contactable by telephone, and be willing to respond in an emergency. Please list contacts in the order you wish them to be contacted.

EMERGENCY 1

First Name:

Last Name:

Preferred Phone Number:

Alternate Phone Number:

Any other helpful information? E.g. what is their relationship, how far away, and do they have a key?

EMERGENCY 2

First Name:

Last Name:

Preferred Phone Number:

Alternate Phone Number:

Any other helpful information? E.g. what is their relationship, how far away, and do they have a key?

EMERGENCY 3

First Name:

Last Name:

Preferred Phone Number:

Alternate Phone Number:

Any other helpful information? E.g. what is their relationship, how far away, and do they have a key?

EMERGENCY 4

First Name:

Last Name:

Preferred Phone Number:

Alternate Phone Number:

Any other helpful information? E.g. what is their relationship, how far away, and do they have a key?

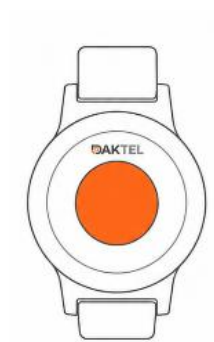
SECTION 6: Accessory Selection

Please specify the quantity required for the items below.

Your plan includes your **FIRST** selection of lanyard or wristband pendant free of charge.



Lanyard Pendant Quantity:
\$50 each



Wristband Pendant Quantity:
\$50 each



Wall Mount Pull Cord Quantity:
\$50 each

SECTION 7: Confirmation of Understanding / Service Authorisation

PLEASE INITIAL EACH ITEM AND SIGN AT THE END

[] I have read the selected monitoring plan's Critical Information Summary (CIS) and understand its charges, inclusions, 12-month minimum term and early cancellation conditions.

[] I understand the equipment is rented and must be returned within 21 days of cancellation. Charges apply for unreturned equipment or damage beyond fair wear and tear.

[] I understand that all incoming and outgoing telephone communications made to and from the Daktel Response Centre are recorded as part of the provision of this service.

[] I understand an initial test with the Monitoring Centre is required before relying on monitoring. Pendants must remain within range of the base unit. I will keep user, address, access and contact details current.

[] I understand that if voice contact cannot be established following an alarm, the Monitoring Centre will try any nominated emergency contacts. If none are nominated or nobody can be reached, it will request an ambulance to the registered service address.

[] I understand that Emergency Service Personnel may use reasonable force to enter my premises. I acknowledge that this entry may result in damage or loss to the premises and agree not to hold the Emergency Service liable for any such damage or loss. Furthermore, I indemnify myhomefone Pty Ltd against any claims relating to such damage or loss.

[] I understand that this application does not constitute a guarantee of service and that my home may be unserviceable for this product.

GENERAL TERMS AND CONDITIONS

The General Terms and Conditions are set out at **myhomefone.com.au/terms-and-conditions**; Critical Information Summaries are also available at that address. Please read these carefully and ask us if you have any questions. The services provided under this Customer Contract are provided by myhomefone Pty Ltd.

Name:

Date:

Signature: