

AMBULANCE DESPATCH AUTHORISATION

Account No: _____

I, (Name of Signatory) _____,

representing (Name of Company, Business or Association if registered) _____

_____, ("CLIENT"), with

the Account No listed above, hereby give the Monitoring Centre, representing BLUi Security

Australia, authorisation to despatch Ambulance services if a medical emergency is being suspected

in the premises of the CLIENT.

I agree that, the CLIENT will be solely responsible for any direct or indirect costs that may ensue

from such actions by BLUi Security Australia and the Monitoring Centre.

Signed:

Name:

Address:

Date:
