



REGISTRATION FORMULAR

KEYCOM SA

Avenue des Champs-Montants 10a
2074 Marin-Epagnier

This form must be completed and sent directly to KeyCom SA, either by post or by e-mail.
The chosen identification method will be sent directly to your address. Please ensure that your name is referenced in your mailbox.

TENANT INFORMATION

Title : _____

Surname : _____ Name : _____

Address of use : _____

ZIP & City : _____

E-mail : _____ Tel : _____

Language : French English German Italian

PROGRAMMING INFORMATION

Entry date in the apartment (if the formular is sent beforehand) : _____

Desired type of identification :

App **MY KEYCOM**

Badge

The following points are to be filled in only if there are several laundry rooms in the building and a restrictive schedule is in place :

Laundry room NR : _____ Machine NR : _____

Planning : _____

By signing this document, I ensure having read the user terms & policies and taken note of the building rules and fully comply with them.

Place & date _____ Signature _____