

# The **Master Lock** Company

Property. People. Life.

## SAFE COMBINATION OR SECURITY KEY REQUEST

Please print this form and fill out ALL information below in CAPITAL LETTERS

Please have your signature on this document legalized / certified

Please return the document via one of the following methods:

Fax: (0033) 1 41 43 72 01

E-mail: [safes@masterlock.eu](mailto:safes@masterlock.eu)

post address :

Master Lock Europe Customer Service

10, avenue de l'Arche « Le Colisée Gardens », Bâtiment A

92400 Courbevoie La Défense

FRANCE

### SAFE OWNER INFORMATION

Your Reference: .....

Name: ..... Surname: .....

Address: .....

Postcode: ..... City .....

Country: ..... Phone: .....

Email: ..... @ .....

Model number: ..... Serial number: .....

Key lock number (for key requests only): .....

I hereby certify that I am the owner of the Master Lock safe for which I would like to receive:

A set of 2 keys

A factory code

I certify that this request does not intend fraudulent purposes

Signed at (place): ..... on (date): .....

Signature:

**Please note that to be valid, this document must be certified.**

*In the UK, documents can be certified by professional person like a bank official, a councillor, a chartered accountant, a solicitor or a notary. The person you ask shouldn't be:*

- related to you
- living at the same address
- in a relationship with you

### DOCUMENT CERTIFICATION

I, ..... (name) ..... (title), certify that  
on ..... (date), the above named individual appeared before me and signed this  
statement in my presence.

The above named individual produces ..... (form of identification), upon which I  
relied to verify their identity.

Signature and Seal of Certifier



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