

## TO BE COMPLETED BY THE DEEP CLIENT

### DEEP Customer

First and last name or company name: \_\_\_\_\_  
 POST Telecom telephone number: \_\_\_\_\_  
 POST Telecom account number: \_\_\_\_\_  
*(listed on the header of your telecommunications bill/account statement)*

### New customer

Company (please attach a copy of your articles of incorporation published in the Mémorial, Special Collection, and your powers of attorney, if applicable)  
 N° Commercial register: \_\_\_\_\_ N° VAT : \_\_\_\_\_  
 Main activity category in the professional directory: \_\_\_\_\_

### Address

If several buildings need to be connected at the same address, please use one form per building.

#### Installation address

N° : \_\_\_\_\_ Street : \_\_\_\_\_ PC : \_\_\_\_\_ Country : \_\_\_\_\_ Floor/Appart. : \_\_\_\_\_

#### Billing Address Same as installation address

N° : \_\_\_\_\_ Street: \_\_\_\_\_ PC : \_\_\_\_\_ Country : \_\_\_\_\_ Floor/Appart. : \_\_\_\_\_

**Name/type of building** (if different from the Client name, e.g. Administration and nursery) : \_\_\_\_\_

Useful details regarding the address: (description of the building if there are several on site, etc.) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the address is not listed, please provide the GPS coordinates: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

### Order

**Requested commissioning date:** \_\_\_\_\_  Rush order (price depending on deadline, subject to team availability)

### Security contact person

#### 24h/24h and 7j/7 :

Mr.  Ms Name / F.Name : \_\_\_\_\_ Function / Departement / Service : \_\_\_\_\_

Tél : \_\_\_\_\_ Fax : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

#### Business days office hours (if different from 24/7):

M.  Mme Name/F. Name : \_\_\_\_\_ Function / Département / Service : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

### Private company responsible for the installation of alarms

Name, First Name or Company Name: \_\_\_\_\_

Phone : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

N° : \_\_\_\_\_ Street : \_\_\_\_\_ PC : \_\_\_\_\_ Country : \_\_\_\_\_

### Signaling of line interruption and tampering alarms

**Attention:** Please note that line interruption alarms and tampering alarms are not monitored by the CGDIS (CSU112). Monitoring these alarms must be handled by a private service provider.

**Transmission of these alarms to the following private service provider:** \_\_\_\_\_

### Paid option: Alarm notifications by SMS and Email

Notification of alarms by email and/or SMS.

**Attention:** This option is an addition to the notification of alarms to the service provider.

The option requires mandatory access to the Alarmis portal. It is available through the **DEEP ControlCenter** application with Global Administrator rights. The account DEEP ControlCenter creation form must be completed.

Name : \_\_\_\_\_ First name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Prerequisites

The client acknowledges having read the prerequisites necessary for the installation of Alarmis and has taken all required actions to meet them. The prerequisites are available on the Alarmis page of our website [www.deep.eu](http://www.deep.eu) and are also attached as an annex.

## TO BE COMPLETED BY THE DEEP CLIENT

### Options: additional contacts

- Option 1 – 8 Additional Contacts  
 Option 2 – 32 Additional Contacts

### Assignment of alarms to service provider(s)

**This table must be completed by the client or by the private company responsible for installing the alarms.**

Contact number	Check if used	Name of the service provider contractually linked to POST Luxembourg for the Alarmis service
1	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	_____

Contact number	Check if used	Name of the service provider contractually linked to POST Luxembourg for the Alarmis service
7	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	_____
10	<input type="checkbox"/>	_____
11	<input type="checkbox"/>	_____
12	<input type="checkbox"/>	_____

### Option 1 – 8 Additional Contacts

Contact number	Check if used	Name of the service provider contractually linked to POST Luxembourg for the Alarmis service
13	<input type="checkbox"/>	_____
14	<input type="checkbox"/>	_____
15	<input type="checkbox"/>	_____
16	<input type="checkbox"/>	_____

Contact number	Check if used	Name of the service provider contractually linked to POST Luxembourg for the Alarmis service
17	<input type="checkbox"/>	_____
18	<input type="checkbox"/>	_____
19	<input type="checkbox"/>	_____
20	<input type="checkbox"/>	_____

### Option 2 – 32 Additional Contacts

Contact number	Check if used	Name of the service provider contractually linked to POST Luxembourg for the Alarmis service
21	<input type="checkbox"/>	_____
22	<input type="checkbox"/>	_____
23	<input type="checkbox"/>	_____
24	<input type="checkbox"/>	_____
25	<input type="checkbox"/>	_____
26	<input type="checkbox"/>	_____
27	<input type="checkbox"/>	_____
28	<input type="checkbox"/>	_____
29	<input type="checkbox"/>	_____
30	<input type="checkbox"/>	_____
31	<input type="checkbox"/>	_____
32	<input type="checkbox"/>	_____

Contact number	Check if used	Name of the service provider contractually linked to POST Luxembourg for the Alarmis service
33	<input type="checkbox"/>	_____
34	<input type="checkbox"/>	_____
35	<input type="checkbox"/>	_____
36	<input type="checkbox"/>	_____
37	<input type="checkbox"/>	_____
38	<input type="checkbox"/>	_____
39	<input type="checkbox"/>	_____
40	<input type="checkbox"/>	_____
41	<input type="checkbox"/>	_____
42	<input type="checkbox"/>	_____
43	<input type="checkbox"/>	_____
44	<input type="checkbox"/>	_____

**Depending on the tariff and services selected above, this contract (the "Contract") is entered into for an initial commitment period of 12 months, commencing from the date of activation under this Contract.**

The personal data collected through this form by POST Telecom S.A., L-1235 Luxembourg, 1, rue Emile Bian, in its capacity as data controller, will be processed in accordance with the personal data protection clause stipulated in the applicable POST Telecom General Terms and Conditions of Sale, depending on the Client's category (Consumer or Professional), and with the Data Protection Notice.

Personal data may be processed by POST Telecom S.A. for the purpose of promoting, by postal mail, products or services that are ancillary or complementary to the present service, unless the client objects by sending a written request in accordance with the Data Protection Notice. If such promotion is carried out by email, each email sent for direct marketing purposes relating to products or services similar to the present service will inform the client of the possibility of objecting, free of charge, to the use of their electronic contact details.

Par sa signature le client déclare avoir pris connaissance et approuvé les dispositions en vigueur au jour de la conclusion du Contrat des Conditions Générales de Vente de POST Telecom S.A applicables en fonction de la catégorie du Client (Consommateur ou Professionnels) en ce inclus la clause limitative de responsabilité, la clause pénale et la clause attributive de compétence judiciaire, des Conditions Particulières relatives au(x) Produit(s) et/ou Service(s) souscrit(s) au titre du Contrat, du ou des Plans ou Fiches Tarifaires y applicables (et incluant la description des produits et/ou services concernés), qui font partie intégrante du Contrat, du document Neutralité du net et qualité du service d'accès internet relatif au(x) Service(s) Fixe et Mobile, des éventuelles sous-traitances décrites conformément à la clause relative à la confidentialité et de la Notice Protection des Données.

Ces documents sont publiés sur le site [www.post.lu](http://www.post.lu) et sont consultables dans les points de vente physique de POST Telecom S.A.

Drawn up in as many copies as there are parties to \_\_\_\_\_ the \_\_\_\_\_  
 Signature of the holder<sup>1</sup> \_\_\_\_\_

This document should be returned:  
 By mail: DEEP- Commercial Support – L-2996 Luxembourg  
 By email: [contact@deep.eu](mailto:contact@deep.eu)

<sup>1</sup> For companies, associations and similar entities, stamp and/or name and title of the signatory

**ANNEX – ALARMIS ORDER**

**Prestataire Public : POLICE GRAND DUCALE**

**DEEP Customer**

Name and first name or company name: \_\_\_\_\_  
Phone number POST Telecom : \_\_\_\_\_

**Address**

**Installation d'address**

N° : \_\_\_\_\_ Street : \_\_\_\_\_ PC : \_\_\_\_\_ Country: \_\_\_\_\_ Floor/Appart. : \_\_\_\_\_

**Name/type of building** (if different from the Client name, e.g. Administration and nursery) : \_\_\_\_\_

Useful details regarding the address: (description of the building if there are several on site, etc.) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the address is not listed, please provide the GPS coordinates: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**Security contact Person**

**24h/24h et 7j/7 :**

Mr.  Ms Name last Name : \_\_\_\_\_ Function / Department / Service : \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

**Business days office hours (if different from 24/7):**

Mr.  Ms Nom/ F.Name : \_\_\_\_\_ Function / Department / Service : \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

**Alarmis Configuration**

Le client POST Telecom souhaite ajouter le Prestataire Public **POLICE GRAND DUCALE** comme prestataire partenaire de la solution Alarmis.

Contact Position n° : \_\_\_\_\_

**POLICE GRAND DUCALE Contact Person**

Name / F.Name : \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

To facilitate order tracking, the client agrees that the Police may enquire about the status of their order.

Signature / Stamp of the DEEP client

Signature / Stamp of the POLICE GRAND DUCALE provider

This document must be completed online, and a signed original must be returned:

By mail to: Centre d'intervention de la Police Grand Ducale  
Complexe A, Route de Trèves  
L-2957 Luxembourg

**ANNEX – ALARMIS ORDER**

**Approved Private Provider POST Telecom (\*)**: \_\_\_\_\_

**DEEP Customer**

Name and first name or company name: \_\_\_\_\_

Phone number POST Telecom : \_\_\_\_\_

**Address**

**Installation Address**

N° : \_\_\_\_\_ Street: \_\_\_\_\_ PC : \_\_\_\_\_ Country: \_\_\_\_\_ Floor/Appart. : \_\_\_\_\_

**Name/type of building** (if different from the Client name, e.g. Administration and nursery) : \_\_\_\_\_

Useful details regarding the address: (description of the building if there are several on site, etc.) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the address is not listed, please provide the GPS coordinates: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**Security Contact Person**

**24h/24h et 7j/7 :**

Mr.  Ms Name / first name : \_\_\_\_\_ Fonction / Department / Service : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

**Business days office hours (if different from 24/7):**

Mr.  Ms Name / first name : \_\_\_\_\_ Fonction / Department / Service : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ GSM : \_\_\_\_\_ Email : \_\_\_\_\_

**Alarmis Configuration**

POST Telecom wishes to add the Provider \_\_\_\_\_ as a partner provider for Alarmis solution.

Contact Position n° : \_\_\_\_\_

**Provider Contact Person:**

Name / F.Name: \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Signature / Stamp of the DEEP client

\_\_\_\_\_

Signature / Stamp of the provider

\_\_\_\_\_

This document must be returned:

By mail: DEEP – Commercial Support – L-2996 Luxembourg

By email: [contact@deep.eu](mailto:contact@deep.eu)

<sup>2</sup> Only available if your company has subscribed to the ALARMIS service provider.



ref. CGDIS:

Entry date :

## « CGDIS Request »

**Project**

Building Name* :		PAP Name**:	
N° :	Street:	N°LOT **:	
L-	Locality/District*:	<b>*Extract from the cadastral parcels to be attached without fail</b>	
Municipality*:			
Notice / Technical Instruction	RENITA	ALARMIS	

**Project owner\*****Claimant**( company submitting the application to the CGDIS for the MO)

Name Compagny / administration :		Name Compagny / administration :	
Name :	First name:	N°	Street:
N° :	Street :	-	Locality :
-	Locality :	country :	
Country:		E-mail :	
National ID Number CNS* :		Phone :	
Foreign social security number* :		National company registration N* :	
National company registration N* :		<b>Project contact person within the company:</b>	
VAT number* :		Fonction :	
E-mail :	Nom :	Prénom :	
Phone :		Phone :	
<b>Peroproject contact person within the company :</b>		E-mail :	
Function :			
Name:	First name		
E-mail :			
Phone :			

**Note :**

By completing this form, you agree to your personal data being processed by the Grand Ducal Fire and Rescue Corps (CGDIS) in order to fulfil your request. The recipient of your data is the Grand Ducal Fire and Rescue Corps (CGDIS). This information is kept for the period necessary for the Grand Ducal Fire and Rescue Corps (CGDIS) to fulfil the purpose of the processing. The Grand Ducal Fire and Rescue Corps (CGDIS) will communicate this period or the criteria it will use to determine it on request, on a case-by-case basis. In accordance with Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, you have the right to access, rectify and, where applicable, erase information concerning you. You also have the right to withdraw your consent at any time. If you wish to exercise these rights and/or obtain access to your information, please contact the Grand Ducal Fire and Rescue Corps (CGDIS) using the contact details provided in the form. You also have the option of lodging a complaint with the data protection officer of the Grand Ducal Fire and Rescue Corps (CGDIS) via the following email address: [juridique@cgdis.lu](mailto:juridique@cgdis.lu), as well as with the National Data Protection Commission, located at 1 Avenue du Rock'n'roll, L-4361 Esch-sur-Alzette.

Date : \_\_\_\_\_

Project owner Sign : \_\_\_\_\_

ref. CGDIS:	
Alarmis No. :	

« Appendix 4 » Request for connection via the public alarm transmission network to the CSU 112

<b>Name and first name or company name:</b>	<b>Phone Number POST Telecom :</b>

<b>Installation address :</b>		<b>Contact person 24/24 et 7/7 – Security officer:</b>	
Building name:		Name /First name :	
N°	Street :	Phone:	Fax :
L-	Locality:	GSM :	Email :
If the address is not listed, please provide the GPS coordinates		Function :	Department :
Latitude :	Longitude :	Service :	

**Type de bâtiment :**

<input type="checkbox"/>	Administrative building	_____ m2	<input type="checkbox"/>	Commercial establishment	_____ m2
<input type="checkbox"/>	Car parks	_____ empl.	<input type="checkbox"/>	Healthcare facilities	All
<input type="checkbox"/>	Accommodation establishments	_____ pers	<input type="checkbox"/>	Care facilities for children not attending school	All
<input type="checkbox"/>	Supported housing	Specific cases	<input type="checkbox"/>	Industrial alls	_____ m2
<input type="checkbox"/>	Childcare facilities for schoolchildren	All	<input type="checkbox"/>	Buildings at particular risk	Specific cases
<input type="checkbox"/>	Public and municipal buildings	Specific cases			

**Alarmis configuration:**

<input type="checkbox"/>	Contact position no. :	Description of the type of alarme
<input type="checkbox"/>	Contact position no. :	Description of the type of alarme :
<input type="checkbox"/>	Contact position no.:	Description of the type of alarme :
<input type="checkbox"/>	Contact position no. :	Description of the type of alarme :

<b>Contact person CGDIS</b>	<b>« The Client »</b>
Name / First name :	Stamp :
Phone:	
Email :	
	Luxembourg, to _____

**Reserved for the Grand Ducal Fire and Rescue Service**

<input type="checkbox"/>	Accepted	Stamp:
<input type="checkbox"/>	Refused – motif :	
<input type="checkbox"/>	Only via push buttons	
		Luxembourg, to _____