

**EMERGENCY SERVICE APPLICATION
AND AUTHORIZATIONS**

COMPANY: _____ **Telephone:** _____

The following employees of our company, will authorize the request of the "Emergency Service" after working hours. This document is not valid if it is not filled in ALL its parts

EMPLOYEE NAME	SPACE/S	PERSONAL CELLPHONE NUMBERS (NO OFFICE NUMBERS, PLEASE)
1.		Cel. Number:
		Email:
2.		Cel Number:
		Email:
3.		Cel Number:
		Email:

I certified correct,

Date: _____

E-mail: _____

Signature _____

Name: _____

Position: _____

Telephone: _____

Instructions

1. Update this list every time you change your employees.
2. This is not an authorization to enter your space. Update this EVERY TIME you have changes of employees
3. **Don't add more than 3 employees**
4. The registration process will take from 1 to 2 business days.
5. You will receive, at the emails indicated above, the **RECOVERY PROCEDURES**, with all the details you should know
6. The basic fee is \$ 250.00 per service, which will be billed only if you use it, and each time it is used.

** The employee who comes after working hours must be authorized in **Form OFI 3.0C Annex 1**, and have been programmed into the entry system **

Return this document in original (by hand or send to: International Safe Deposit, B5 Tabonuco Street 216, PMB 353, Guaynabo PR 00968)

Administrative Use Only

Recibido por: <input type="checkbox"/> Espacios correctos <input type="checkbox"/> Nombre igual que en nuestro sistema <input type="checkbox"/> tiene errores, me comunicué con:	Inics
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Gestionado por: <input type="checkbox"/> Comparar con Anexo anterior <input type="checkbox"/> Marcar empleados nuevos <input type="checkbox"/> Actualizar en DropBox <input type="checkbox"/> Archivar en Carpeta <input type="checkbox"/> Escanearlo <input type="checkbox"/> Recovery enviado	Inics
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Información Verificada por:
