

MOVEMENT REQUIREMENT FORM

The purpose of this document is to provide Copytype with the necessary information to successfully move your multifunctional	
equipment to a new address. This form must be completed, signed and returned to Copytype before your movement can proceed.	
Do you require an IT Specialist to reinstall your Copytype multifunctional device on up to <u>five (5)</u> computers? Please ensure all computers / laptops are available on the day of movement.	
How many computers must be connected to your Copytype device? 0-5 IT Charges R 690.00 per hour (excluding VAT) Movement Charges: If the Copytype delivery crew is required to move the equipment with our delivery van, a charge of R 660.00 (excluding VAT) will be charged.	
CUSTOMER INFORMATION & CONTACT DETAILS	FUNCTIONS TO BE SET UP & TRAINING
COMPANY NAME	SCAN TO E-MAIL YES NO
	SCAN TO FOLDER YES NO
CURRENT ADDRESS	PRINTING YES NO
	FM AUDIT YES NO
GROUND FLOOR 1 ST / 2 ND FLOOR	SPECIAL REQUIREMENTS:
STAIRS ELEVATOR	PLEASE CONFIRM THE FOLLOWING
MOVEMENT ADDRESS	Are there adequate power points at each machine's Solocation?
GROUND FLOOR 1 ST / 2 ND FLOOR STAIRS ELEVATOR	Are there adequate network points at each machine's YES NO location?
KEY OPERATOR	NETWORK CABLES ARE <u>NOT</u> SUPPLIED WITH THE EQUIPMENT. POWER CORDS ARE SUPPLIED WITH THE EQUIPMENT.
TELEPHONE / MOBILE	
E-MAIL ADDRESS	MACHINE MODEL/S SERIAL NUMBER/S
OFFICE HOURS	
CUSTOMER IT PERSON CONTACT DETAILS	
NAME & SURNAME	
TELEPHONE / MOBILE	
E-MAIL ADDRESS	Name & Surname:
ADDITIONAL COMMENTS	In his / her capacity as:
	Hereby accept the movement charges as set out above.
	Date: