



**PROTECS A&A CMS SDN BHD**

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**INSTRUCTION FORM**

A/C # : \_\_\_\_\_

Tick whichever applicable and fill in the detail(s) in the coloums provided.

Change Of Monitoring Account No. from : \_\_\_\_\_ to \_\_\_\_\_

Change Of Company Name / Address.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change Of New Alarm Panel - Type / Model : \_\_\_\_\_

Change Of Opening / Closing Time For Business Hours  
Standarad Opening Time : .....  
Standarad Closing Time : .....  
Closing Late Time \* : .....  
*\* APPLICABLE FOR SUPERVISED CLOSING SERVICE ONLY*

Terminate of :  
 Central Monitoring Service (CMS) effective from date : \_\_\_\_\_  
 Emergency Call Response Service (ECR) effective from date : \_\_\_\_\_  
 Others : \_\_\_\_\_

Change of Alarm Installer to \_\_\_\_\_

Change of New Zoning as below:  
Z1 : \_\_\_\_\_  
Z2 : \_\_\_\_\_  
Z3 : \_\_\_\_\_  
Z4 : \_\_\_\_\_  
Z5 : \_\_\_\_\_  
Z6 : \_\_\_\_\_  
Z7 : \_\_\_\_\_  
Z8 : \_\_\_\_\_

**REMARKS / SPECIAL INSTRUCTIONS :**

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

This FORM is only valid if it is chop and signed by Authorised signatories.

Confirmed by,

\_\_\_\_\_  
Company's stamp & signature  
Date:  
Person In-Charge: