



**SECTION A - KEY ISSUE**

**Key Holder**

*In signing this form I understand that it is my responsibility to:*

- Ensure all keys issued are kept safe and secure.
- Return the keys to the Organisational Unit Key Custodian when ceasing study, employment, or completing assignments or other activity for which the key/s has been provided, or, if requested by the Key Custodian.
- Report the loss of any key to the Key Custodian immediately.
- Ensure that duplicate copies are **not** obtained or made of the keys.

Last Name:			
First Name:			
Staff/Student ID No.			
Organisational Unit Name:			
Key Code:			
Key Number (if Abloy):			
Key Type (cross):	<input type="checkbox"/> Abloy	<input type="checkbox"/> Bi-lock	<input type="checkbox"/> Other, details
Recipient Signature:			Date Key Received:

**Key Custodian**

Last Name			
First Name:			
Organisational Unit Name:			
Custodian Signature:			Date:

**SECTION B - KEY RETURN**

**Key Holder**

*Please complete staff details in Section A of this form (PF494) if not previously completed for the key being returned.*

Name:			
Key Holder Signature:			Date Key Returned:

**Key Custodian**

Name:			
Key Custodian Signature:			Date: