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PO Box 1248, Carlton 3053
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ABN 52 115 727 118

Key Distribution Form

Employee Details

Employee Name: _____

Position / Title: _____

Job Site: _____

Serial Number of Site Keys: _____

Manager In-charge: _____

Key Registry

Key Type (MK / Fob / Remote): _____

Serial Number (MK / Fob / Remote): _____

Issue Date: _____

Issued By: _____

Evidence of Key

Key Holder Duties

I confirm that I have received the specified key(s) and understand that I am fully responsible for its usage, management, and the access privileges it grants for the specified purposes by EC Corporation Pty Ltd. In the event of loss or misplacement, I will immediately notify the Manager at EC Corporation Pty Ltd. I also acknowledge that duplicating this key is strictly prohibited, and I agree to return the key(s) upon request or at the end of my association with EC Corporation Pty Ltd, as the key(s) remain the property of the company.

Employee Signature: _____

Date: _____

Manager Signature:

Date: _____