



Schedule 1: Update DBA Site Details

This form advises DFES that a monitored Direct Brigade Alarm (DBA) has changed ownership/billing details/ contacts/site name.

ⓘ Please return this form to Fire Alarm Monitoring Services within 10 days of receipt to prevent your site from being taken offline. All sections are mandatory unless marked 'if applicable'.

Complete on screen, or print and fill in by hand in **BLACK PEN** using **BLOCK LETTERS**. If filling by hand, fill circles with a large dot and mark boxes with a tick to indicate your answer.

1. Current Details of Premises

DBA Number:			
Name of building:			
Building address:			Postcode:

2. Current Responsible Entity

Current Company / EUA Entity:		Tenant	Owner
ABN / ACN for Company:			
Trustee name (if applicable):			
Trustee ABN / ACN:			
Trust name (if applicable):			
Trust ABN:			
Entity contact name:			
Entity phone:			
Entity mobile:			
Entity email:			
Entity address:			
State:		Postcode:	

FAMS OFFICE USE ONLY

Details in Section 2: Current Responsible Entity match the CRFAMS Billing Details Tab

ⓘ If the details in Section 2 do not match CRFAMS Billing Details Tab, start the C2.1 Task-list and request client to complete Section 3, if not already completed.



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3. Former Details of Premises *(if applicable)*

i Complete this section if different to current details, and notifying of site name / site address / Responsible Entity change.

Former building name:			
Building address:			Postcode:
For street number / name change, please provide a reason for the change:			
Old Company Entity <i>(if known)</i> :			
Date of Entity transfer:		(dd/mm/yyyy)	
Invoice reference / PO number:			
Were the DFES Annual Monitoring Fees included in the settlement?	Yes, fees included		
	No, fees not included		
<p>i Annual Monitoring Fees are calculated and transferred Pro-rata to the new entity, effective from the date this form is received and completed correctly, unless evidence can be provided for another date or the DFES Annual Monitoring Fees were included in the settlement.</p>			

4. Current Billing Details

Care of <i>(if applicable)</i> :	C/O		
Billing address:			
State:		Postcode:	
Billing Contact name:			
Billing Contact phone:			
Billing Contact mobile:			
Billing email:			
Invoice reference / PO number:			
Date of change of Biller:		(dd/mm/yyyy)	



FIRE ALARM MONITORING SERVICES

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Important Information about Nominated Site Contacts

If required contacts are not provided for new alarm applications, the alarm may not be connected or monitored. For existing DBA alarms, missing contacts may result in the alarm being taken offline.

Fire Service Agents cannot be listed as contacts without DFES permission.

Nominated contacts must be able to request Fire Service Agent attendance (24/7). If a third-party call centre is nominated, they must have internal authority measures in place.

Nominated contacts will be called if there's a loss of communication with the Fire Indicator Panel (FIP), secondary alarm events, or faults, at any time of day or night. They'll only be notified once per day about faults or secondary alarms. DFES COMCEN may call nominated contacts when necessary.

For primary alarms, all nominated contacts will be called if requested by the site.

I wish to be nominated for Primary Fire Alarm Activations

If left unchecked, contacts will only be notified for faults and secondary signals.

5. Nominated Site Contacts

i Please provide one Business Hours Contact plus a minimum of two After Hours Contacts.

1. Business Hours Contact: 9:00am - 5:00pm

Contact's full name:

Contact's position:

Contact's phone / mobile:

Contact's email:

2. After Hours Contact #1: 24/7 availability

Contact's full name:

Contact's position:

Contact's phone / mobile:

Contact's email:

3. After Hours Contact #2: 24/7 availability

Contact's full name:

Contact's position:

Contact's phone / mobile:

Contact's email:



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5. Nominated Site Contacts *(continued)*

4. After Hours Contact #3: 24/7 availability *(optional)*

Contact's full name:	
Contact's position:	
Contact's phone / mobile:	
Contact's email:	

6. Applicant's Declaration

I acknowledge that the Schedule 1 forms part of the Agreement between DFES and the Client. It provides the contact details for notices under the Agreement, including phone numbers, postal address, and email.

The provisions in the Schedule 1 are enforceable as part of the Agreement. If any information changes, the Client must promptly update and return the Schedule 1, ensuring that the information provided is accurate and not misleading, as they will be legally bound by it.

The updated Schedule 1 should be delivered via hand delivery, post, or email, with specific guidelines regarding when it is considered received. It is crucial that contact details are kept current to ensure that Brigades are properly informed. In the event of a fire emergency on site, outdated contact information could result in delays, as the Brigade may not have the correct numbers for the site.

Signature of Authorised Applicant:	_____ OR; type to sign:	
Name of Authorised Applicant:		
Position of Authorised Applicant:		
Company / business name:		
Applicant's phone:		
Applicant's email:		
Date signed:		(dd/mm/yyyy)