

Application Form Smart Home - 2 Bedroom

WELCOME TO UT TECHNOLOGY

PLEASE COMPLETE THIS FORM IF YOU ARE APPLYING FOR SMART HOME SERVICE

SERIAL NO. :

PERSONAL DETAILS

Name of Applicant Mr./Mrs./Ms.		
C/O:	PO Box :	Emirate :
Nationality :		
Mobile (1) :	Mobile (2) / Residence :	
Email :		
ID Type :	ID Number :	Expiry :

LOCATION

Building :		
Floor :		City :
Flat No. :	Area :	Sector :
No. of Bedrooms :		Plot :

SERVICES

Description	Apply for Services		Comments
Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Curtain Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fabrics not included
Access Control*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Voice Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Android Application	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Motion Sensors (Toilets Only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

DETAILED APARTMENT SERVICES

Description	Service Requested		
Master Bedroom (1) Bedroom (1)	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Curtain Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Master Bedroom Toilet (1) Toilet (1)	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Motion Sensor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Application Form Smart Home - 2 Bedroom

DETAILED APARTMENT SERVICES

Description	Service Requested	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Master Bedroom (2) Bedroom (2)	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Curtain Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Master Bedroom Toilet (2) Toilet (2)	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Motion Sensor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Guest Toilet	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Motion Sensor	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Kitchen	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Living	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Curtain Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dining	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Curtain Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Corridor	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hallway	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	AC Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Balcony	Lighting Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO

FOR OFFICIAL USE ONLY

Marketing Signature :	Date :
Engineer Signature :	Date :
Account Signature :	Date :
Signature of Applicant :	Date :

* Applicable in some Towers