



**Document  
Destruction Services**

*Please fill out the form below and fax to DDS.  
If you have more than one location/service  
address use additional forms.  
Before submitting ensure that you have  
completed the 'Client Registration Form'.*

## **LOCATION REGISTRATION FORM**

---

**Organisation**

**Location Name**

**Contact Name**

**Phone Number**

**Fax Number**

**E-mail Address**

**Street Address**

1

2

**Suburb**

**State**

**Post Code**

**Comment**

Proceeding to register would imply that you have read, understood and agreed to the  
[Terms & Conditions](#).