	System/Product Owner							
	Company Name							
	Company Address							
	Date (dd-mm-yyyy)							
To):							
В	BOSCH Security and Safety Systems							
Technical Support Department								
Subject: Authorization for Password Reset Request ()								
he Se	We, , are the owner of the products and systems indicated below and hereby authorize , employee of , and BOSCH Security and Safety Systems to reset the passwords of the below listed BOSCH products on and therefore handle and process as necessary.							
□ Software Product								
S	Software / System		Version	SMA coverage (Optional)				
				1				

☐ Hardware Product(s)

Model number (CTN)	IP Address	Firmware version	MAC Address xx-xx-xx-xx-xx	Serial number (18 digits)

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System/Product Owner	
Company Name	
Company Address	
Date (dd-mm-yyyy)	

We are fully aware that all user passwords reset will be either empty or defaulted and must be set again in order to secure the access to the product(s).

We understand that all information provided by BOSCH Security and Safety Systems must be kept in a secure location and access shall be limited to authorized personal only. BOSCH recommends deleting all files after usage.

We take full responsibility for compliance with all applicable data protection regulations.

Authorized Person of System Owner or System Integrator:			Authorized by System Owner:	
Company name *)			Company name *)	
Person's name *)			Person's name *)	
Email address *)			Email address *)	
Mobile phone number			Mobile phone number	
Signature *)			Signature *)	
Company stamp			Company stamp	

Note:

*) mandatory fields

[blue framed field filled in by Technical Support]

[red framed fields filled in by Requester]

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