Organisation

Address (optional)

Key handover record

Reference no. | Place | Date | Time

Handed over by

Name | Role / company

Received by

Name | Company / organisation

Phone (optional) | ☐ Identity checked

Purpose

Reason for the handover

Keys

Description / no.	Property / area	Locking system	Qty	Condition / note

Agreed return

Return by (date) | Time | ☐ no fixed date

Sample based on German practice, without warranty. Not legal advice for your individual case.

Agreement

The recipient confirms receipt of the keys listed above. They will not pass the keys on to third parties, will not have copies made and will keep the keys safe. Any loss will be reported to the issuing party without delay. The keys will be returned in full by the agreed date at the latest.

Handed over by

Signature

Name

Place, date

Received by

Signature

Name

Place, date

Return

Returned on

All keys returned

◯ Yes ◯ No

Missing keys

Notes

Returned by

Signature

Name

Place, date

Received back by

Signature

Name

Place, date

Sample based on German practice, without warranty. Not legal advice for your individual case.