

**PERBADANAN PENGURUSAN ABADI INDAH**

rujukan Perbadanan Pengurusan :PTG/WP/20/1/1640  
 Taman Abadi Indah, Jalan 3/109C, Off Jalan Kelang Lama 58100  
 K.Lumpur  
 Tel:03-79803277 F: 03-79803357 E aabadimanagement@gmail.com

**BM/SHF/13/42**  
**Shifting In/Out Form**

**SHIFTING IN AND OUT****Owner/Tenant Particulars**

Please take note that all owner and residents moving in or out of Abadi Indah Apartment have to inform the management, preferably a week before the shifting. This will enable the security personnel to familiarize with the shifting. This will enable the security personnel to familiarize with the owner and residents for their easy access or exit without unnecessary questioning.

A refundable deposit RM 200.00 in the form of a cheque/cash is required before the shifting in/out works are carry out.

Shifting :  IN  OUT

Name :

Block  Level  Unit No

Phone No :

Date Required :  Time

Name of Moving Company :

Lorry Registration No :

Item : 

1
2
3
4

4
6
7
8

**Shifting Period** : **All shifting MUST be done during**  
**Weekdays** : 9.00 am to 5.00 pm  
**Saturdays** : 9.00 am to 1.00 pm  
**Sunday & Public H** : **Not Allowed**

**DECLARATION**

I / We hereby agreed to give you **Perbadanan Pengurusan Abadi Indah** my/our undertaking to responsible care not to damage any parts(s) of the common property whilst my/our contractor attend to the shifting works. In the event my/our contractor fail to observe the above and/or fail to clean the areas used for the shifting works or clear all debris rubbish, etc on completion of the said shifting works; you may utilized the above sum to rectify the damage caused or attend to required works to clean and/or repair the common property. I/We hereby agree and undertake to abide by all the Terms and Conditions stated therein and fully indemnified in respect of all claims, losses, liabilities or damages incurred as a result of a breach by my/our Contractor.

Name : \_\_\_\_\_  
 NRIC : \_\_\_\_\_  
 Date : \_\_\_\_\_

**OFFICE USE ONLY**

We are hereby **APPROVED / NOT APPROVED** the Shifting in or out to the above unit

Name \_\_\_\_\_  
 Position \_\_\_\_\_  
 Date : \_\_\_\_\_

Thank You for Your Valuable Time to fill-up this form