CYBER BISTARI (HYVE)
Badan Pengurusan Bersama Cyber Bistari (Hyve) (No. Siri 94/2017)
Unit G-03 Tower B, Cyber Bistari, Jalan Impact,
Cyber 6, 63000 Cyberjaya, Selangor.
TEL: 03- 8687 4470 FAX: 03- 8687 4771   EMAIL: hyve.mgmt@gmail.com

A1

MOVING IN / OUT APPLICATION
(*Please circle whichever is applicable)

(PART A)

* *Owner/Tenant Name*   : _____   *Unit No*   : _____

Contact No :   : _____

* *Moving In/Out Date*   : _____   *Time*   : _____

(PART B)
TRANSPORTER'S RECORD

Company Name (Co)   : _____   *Contact Person (PIC)*   : _____

Vehicle Registration No   : _____   *Contact no. of PIC/Co*   : _____

Notes:

1)   Operation hours:
      Mondays - Fridays 9.00am - 5.00pm
      Saturdays   9.00am - 12.00pm
      Sundays & Public Holidays (No shifting is allowed)

2)   All delivery workers must wear identification passes while in the compound of the premises.

3) * Owner/Tenant/Contractor is only allowed to load/unload furniture/bulky household items at the designated loading / unloading area.

4)   No debris or bulky items should be left behind or disposed at the common areas or rubbish room. They must be disposed by owner / tenant(s) / contractor(s) themselves out of the premises by daily basis.

5)   A refundable deposit of **RM 1,000**   shall be imposed upon work commencement date.

      If there are any damages, the tenant/owner/contractor is responsible for the cost involved and the amount shall be deducted from the deposit refund. Should the sum exceed the deposit, the tenant/owner/contractor shall be obliged to pay for the balance sum accordingly. Original Official Receipt must be attached with the application for refund

Applicant's Signature

_____

Name :
Date:

CYBER BISTARI (HYVE)

Managed by PREMIER FACILITITES SDN BHD

Unit G-03 Tower B, Cyber Bistari, Jalan Impact

Cyber 6, 63000 Cyberjaya, Selangor

TEL: 03- 8687 4470   FAX: 03- 8687 4771   EMAIL: hyve.bm@gmail.com

MOVING APPROVAL FORM
(Part c)

For Office Use Only

Collection		Refund	
Deposit Collected	RM	Deposit Refunded	RM
Date Received		Date of Refund	
Cash/Cheque No.		Cash/Cheque No	
Receipt No.		Payment Voucher No	
Received by		Collected by	
Signature		Claimant Signature	

Permitted by   : _____

Name   : _____

Date   : _____

Remarks   : _____

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