

ASTRAL ECO PROPERTY MANAGEMENT SERVICES

SHIFTING IN / OUT

Any resident who wish to move or shift his/her belonging and furniture in/out of his/her respective unit is required to fill up the form below. This is to facilitate our records and the monitoring of the movement of such assets shift in/ out of the premises so as to enhance the security of your home.

Your cooperation on his matter is sough and appreciated
Thank you

Name of Resident / Owner	:	<input type="text"/>	
IC / Passport No.	:	<input type="text"/>	
Unit No.	:	<input type="text"/>	
Contact No.	:	<input type="text"/>	
Date of application	:	<input type="text"/>	
Date of shifting in/out	:	<input type="text"/>	
Time In	:	<input type="text"/>	Time Out : <input type="text"/>
Lorry Registration No.	:	<input type="text"/>	
Driver's Name	:	<input type="text"/>	Driver's I/c : <input type="text"/>
Remarks	:	<input type="text"/>	

***Kindly be advised that you are required to clean up and avoid any damages to the common area. You will be responsible and bear the cost of repair if any damages incurred.**

Signature of Owner/Tenant

Name : _____

Date : _____

Time : _____

(FOR OFFICE USE)

Approved by,
Management Office

Name : _____

Date : _____

Time : _____