



## FLORA DAMANSARA (MEDIUM) JMB<sup>(0117)</sup>

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### DELIVERY FORM

PLEASE BE INFORMED THAT ALL BULK ITEMS DELIVERY TO FLORA DAMANSARA MEDIUM HAVE TO INFORM THE MANAGEMENT OFFICE (BY COMPLETING THE PARTICULARS BELOW TO THE MANAGEMENT OFFICE) PREFERABLY **3 DAYS BEFORE DATE OF DELIVERY**. THIS IS TO ALLOW SECURITY PERSONNEL TO BE INFORMED AND FACILITATE THE BELOW DELIVERY ACTIVITY. ALL BULK ITEMS DELIVERY ACTIVITIES SHALL BE CARRIED OUT BETWEEN **10.00AM TO 4.00PM DURING WEEKDAYS AND 10.00AM TO 1.00PM ON SATURDAY ONLY**. **NO BULK ITEMS DELIVERY SHALL BE ALLOWED ON SUNDAY & PUBLIC HOLIDAYS. PLEASE (√)**

DELIVERY  OTHERS

A	UNIT / HOUSE NO.	DATE OF APPLICATION	DATE OF DELIVERY	TIME OF DELIVERY

B	NAME	RELATION OF OWNER	CONTACT NO	SIGNATURE

C	NAME OF COMPANY	NAME OF LORRY DRIVER	CONTACT NO	LORRY REGISTRATION NO

**ITEM:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I/WE THE ABOVE NAMED OWNER/TENANT HEREBY AGREE THAT THE MANAGEMENT OFFICE, ITS AGENT AND ITS EMPLOYEES SHALL NOT BE RESPONSIBLE ON ANY MANNER WHAT SO EVER FOR LOSS OR DAMAGE OF OUR PROPERTY AND BELONGINGS DURING THE DELIVERY. I/WE HEREBY UNDERTAKE TO INDEMNIFY THE MANAGEMENT OFFICE SHOULD ANY DAMAGE OR DESTRUCTION BE CAUSED TO ANY PART OF THE APARTMENT UNIT AS A RESULT OF THE ACT OF NEGLIGENCE BY US AND OUR WORKERS. I/WE SHALL BE LIABLE FOR ALL THE COSTS AND EXPENSES INCURRED BY THE MANAGEMENT IN REPAIRING THE DAMAGE OR DESTRUCTION TO ANY PART OF THE BUILDING, REMOVAL OF THE BULKY ITEM, WASTE DISPOSAL THROWN IN COMMON AREAS. (NOTE: TENANT(S), KINDLY OBTAIN YOUR CONSENT LETTER FROM YOUR APARTMENT UNIT OWNER).

**A REFUNDABLE DEPOSIT OF RM100.00 SHALL BE DEPOSITED IN ADVANCE TO THE MANAGEMENT OFFICE UPON SUBMITTING OF THIS FORM. KINDLY TAKE NOTE THAT THE DEPOSIT OF RM100.00 SHALL BE REFUNDED AND COLLECTED FROM THE MANAGEMENT OFFICE AFTER DELIVERY IS COMPLETED SUBJECT TO: -NO DAMAGE TO COMMON AREA AND NO RUBBISH**

**1. IF THE DEPOSIT IS NOT COLLECTED AFTER 7 DAYS, IT WILL BE:**

- CREDITED TO THE UNIT/HOUSE ACCOUNT
- REFUND BY ONLINE TRANSFER
- (PAYABLE EVERY 1<sup>ST</sup> AND 15<sup>TH</sup> THE MONTH)

**\*\*FOR OFFICE USE ONLY**

DEPOSIT (CASH/CHEQUE)	REFUND	DEDUCTION	SECURITY	APPROVED BY BM/BE
AMOUNT:	AMOUNT:	DEBRIS LEFT OVER	NAME :	NAME :
CHEQUE NO:	CHEQUE NO:	DAMAGE COMMONS AREA:	DATE:	DATE:
RECEIVED BY:	RECEIVED BY:		TIME:	TIME:
DATE & TIME :	DATE & TIME :	AMOUNT:	SIGNATURE:	SIGNATURE: