



APPLICATION FOR BULK DELIVERY/MOVE IN/MOVE OUT

Name: _____ Unit No.: _____

Contact No.: _____ Status of Resident : Owner / Tenant
* Delete Where Not Applicable

Delivery Item Shifting In Shifting Out

Date: _____ Time: _____

Item: _____

Transporter's Particulars

Name of Mover/Delivery* Company: _____

PIC Name: _____ Contact No.: _____

Vehicle No.: _____

No.	Name of Workers	NRIC/Passport No.	No.	Name of Workers	NRIC/Passport No.
1			4		
2			5		
3			6		

Note: Upon application for refund of deposit, all original receipt for the above must be duly endorsed after inspection by management representative and present it at management office.

Declaration

With regards to this application, I/We as the owner/tenant, and Mover Company undertake to abide by the terms and conditions as stated herein. I/We agree and hereby attach cash/ cheque (no. _____) amounting **RM 200.00** made payable to Badan Pengurusan Bersama Maple Residence being payment for security deposit for bulk delivery purpose.

I/We understand and agree to undertake to the following:

- a) Notification of moving in/out is to be made on the appropriate form, preferably three (3) days before the intended moving date. A minimum of 24 hours notice is mandatory for security reason.
- b) The permitted hours for Move In/ Move Out/ Delivery of goods/appliances/furniture are from 9.00 am to 5.00 pm (Monday to Friday), 9.00 am to 1.00 pm (Saturday). NO MOVE IN/OUT SHALL BE CARRIED OUT ON SUNDAYS AND PUBLIC HOLIDAYS.
- c) The deposit is refundable upon the completion of the Move In/ Move Out and final inspection by the Management or its authorized representative, less any sum (if any), which will be used to offset any damage or loss to any part of the building or common area/ property during the move in / out process, and removing any debris and rubbish not cleared by the mover/transporter.

Signature of Unit Owner/ Tenant
Name:
Date:

Signature PIC of the Company
Name:
Date:

FOR OFFICE USE ONLY

Requisition Received by: Name: Date:	Checked/Inspected by: Name: Date:	Approved by Name: Date:
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Refund of Deposit Amount Refunded: RM _____ Amount Deducted: RM _____	Recommendation/Remarks:
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