

DELIVERY & SHIFTING IN/OUT FORM

COMMENCEMENT DATE & TIME:

COMPLETION DATE & TIME:.....

NAME OF DRIVER:

CONTACT NUMBER:

NRIC/PASSPORT NO./COMPANY REGISTRATION NO:.....

NUMBER OF PERSON:.....

OWNER/TENANT NAME:.....

CONTACT NO : UNIT NO :

DESCRIPTION OF WORK:.....

I, the under mentioned, wish to notify the Management of my intention to delivery/ shifting in/out as per date and time state above.

A refundable deposit for such purpose as required by the Management shall be placed prior to the commencement date. I undertake full responsibility during the where I will be solely responsible for damages to fixtures and/or fittings on the common area or to other residents' property during the entire process. I further undertake to ensure that no nuisance is created and that all debris will be cleared prior to my request for refund of my deposit.

I hereby authorize the Management to utilize my deposit to rectify any damage to the common area or to other residents' property including the removal of debris in the event I failed to do so, without further reference to me. I also understand that I am fully liable for additional charges incurred and shall fully reimburse the Management in the event my deposit is insufficient to cover the expenditures incurred.

Applicant's Signature: Date:

Name: NRIC:

For Office Use Only

APPLICATION: APPROVED/NOT APPROVED/SUBJECT TO CONDITIONS

DEPOSIT RECEIVED		DEPOSIT REFUND (subject to production of original receipt)		
AMOUNT (SHIFTING IN/OUT)	1000.00	AMOUNT		
AMOUNT (DELIVERY)	300.00	DEDUCTION		
RECEIPT NO		REFUNDED BY		
DATE		REFUND RECEIVED BY	NAME	
RECEIVED BY			SIGNATURE	

NOTE: PLEASE ALLOW 2-3 WEEKS TIME FOR ANY REQUEST ON DEPOSIT REFUND