

PACIFIC PLACE JMB

REQUIRED INFORMATION TO BE FURNISHED BY SHIFTING IN / OUT UNIT OWNER / TENANTS

- 1) Unit No : _____ Block : _____
- 2) Company Name : _____
- 3) Contact Person : _____ Tel No : _____
- 4) Shifting : IN OUT
- 5) Shifting Date : _____ Time : _____
- 6) Duration Expected : _____
- 7) Details of shifting vehicle/item involved
- i) Vehicle Type : _____ iv) Item :() Sofas, Tables, Chairs, Beds, Cupboards, Racks,
Backpacks, Cabinets, Frames, Mattresses
ii) Size / Tonnage : _____ () Televisions, Computers, Washing Machine,
Refrigerators, Electrical Appliances
iii) No. to be deployed : _____ () Others: _____
- 8) Precautionary measure to be made :

Lift protection

Wall protection

Floor protection

Others (please specify)

Signature

Name : _____
Owner / Tenant

Date : _____
Time : _____

NOTE :

- A) This form must be duly completed and submitted to Pacific Place JMB Management Office at least **(3) working days** prior to the actual shifting. Please note that we do not entertain telephone notification
- B) Shifting would only be considered on : -
- i) Monday - Friday : From 09.00 am - 05.00 pm
ii) Saturday : From 09.00 am - 01.00 pm
iii) Sunday / Public Holiday : Not Allowed
- C) Owners / Tenants would be held responsible from any damage incurred to the common area and / or the service lift concerned.
- D) All shifting beyond the unit's compound and in the general area is subjected to supervision or our in - house security force. Tenants/Owners are to ensure that their shifting operators will comply with the security personal's requirements.
- E) Failure to duly notify the management with the necessary information as required may result in the shifting being barred.
- F) Management will not be responsible for the loss/damage of any belongings inside the unit upon permission given.

FOR MANAGEMENT OFFICE

i) Acknowledgement by

Name :
Date :
Time :

COPY TO SECURITY CONTROL ROOM

ii) Acknowledgement by

Name :
Date :
Time :