SHIFTING IN / OUT FORM

Owner / Tenant (s) Particulars

Name of Applicant   : ……………………………………………………………………………….

Unit No.   : ………………………………...   Telephone No. : …………………….…..………

Shifting   : Date : ………………..……   Time : ……....………… - ……....……………

Type of Shifting   : ……………………………………………………………………………….

Mover's Particulars

Company's Name   : ……………………………………………………………………………….

Person in Charge   : ……………………………………………………………………………….

Telephone No.   : ……………………………….…   Vehicle No. : ………………………...

Rules and Regulations

a) All owners / tenants are required to give two (2) working days advance notice to the Management for shifting in or out of Casa Riana Apartment. Tenant/s of the Property will need to obtain a letter of consent on the Moving In / Out from his landlord prior to the Moving In / Out.

b) Any lift to be used for the above purpose MUST be protected with lift protection at all times for such use, strict care shall be exercised in the moving of furniture or any bulky or heavy items into the lift. Occupant/s shall be responsible for any damage caused to the lift.

c) Tenants need to surrender the access card, vehicle sticker (if any) to the owner of the unit and settle their water bill to the management office before shifting out failing which the Management have right to stop the tenants from shifting out.

d) Upon the completion of works, owners / tenants shall inform the Management to jointly inspect the lift lobbies / common areas to ascertain no damage has been done.

e) All movers must wear identification pass while in the compound of Casa Riana Apartment and a penalty of RM 50.00 will be imposed for the missing pass

f) The security guards reserve the right to deny entry to the premises of Casa Riana Apartment if any movers are found in breach of any rules and regulations set by the Management.

g) I / We undersigned confirm that have read the terms and conditions herein, and understand that. / We shall be liable for the breach of any such terms and conditions and shall indemnify the Management for cost incurred due to my / our movers action.

…………………………………….
Signature of Applicant

…………………………………….
Date

For Office Use

Request to Shift In or Shift Out is Approved / Not approved.

Name   : ……………………………………………

…………………………………………….   Date   : ……………………………………

   Building Suprevisor

cc   : **SECURITY GUARD HOUSE**