





## **MOVING IN FORM**

Owner's Name:	I/C No:				
Telephone No:	Unit No:				
Application Date:	Duration:	From:		To:	
MOVER'S DETAILS				<b>-</b>	
PIC Name:	I/C No:	I/C No:			
Company Name:	Vehicle No:	Vehicle No:			
Telephone No:	Vaccination	Vaccination Status:			
*PIC = Person in Charge					
Online Transfer Cheque  Account Bank: Maybank Berhad Account No: 562973022842 Account Name: PERBADANAN PENGURUSAN HARMO	DNI 1				
No. Name of Worker	IC No / Pa	ssport No	Vai	ccination Sta	
Note:					
a) All mover must report and register at Security Counter bef b) Services must be carried out during office hours only.  Monday to Friday : 10.00am to 5.00pm Saturday : 10.00am to 1.00pm Sunday & Public Holiday : Not Allowed c) Mover are required to use designated lift to move in all the d) RM100.00 of deposit are imposed for the moving-in applic e) Mover must be properly and decently attired while working Work Pass at all times. f) No smoking, eating and drinking at the staircase areas. g) Movers are required to wear yellow vest at all the time in h) Any debris must be taken out from Pangsapuri Harmoni 1 ii) The Corridor is not a work area or storage area and is not ji) All workers are restricted to the unit and not to wandering k) Penalties for violation of the conditions above will range froviolation may result in cancellation of Work Permit. l) All workers are required to conduct Covid-19 test every Management Office. m) The Management Office staff reserve the right to stop and of violation of house rules.	e furniture. cation. ng in the compound of side Pangsapuri Harmo and not thrown into tl permitted to be use at g into the Common Are om RM50 per offence t	oni 1 compour he rubbish roc any time. as of Pangsap to 3 weeks sus saliva self-tes	and ensure ond. om. ouri Harmoi spension of st) and sub	e they are wea ni 1. Work Permit.	. Further
Signature:				:e:	