PANGSAPURI PERKHIDMATAN KNOX WAWASAN



A-07-P1, Management Office, Lot 180622, Jalan Sungai Burung 32/68, Bukit Rimau Seksyen 32, 40460 Shah Alam Selangor Tel: 03-5131 7457

Email: geoknoxwawasan.mgmtres@gmail.com

MOVING IN/OUT FORM-RESIDENTIAL						
Date of application: Unit No : Owner Tenant						
Moving In	(please tick √ applicable) Moving In Moving Out					
* Please list items in the attachment provided.						
Name :						
Contact No. :	Mobile: Office:					
Date of Moving :			Time :			
**48 hours (2 working days) notice and a RM200.00 refundable deposit must be given to Management Office for Moving In/Out. Cheque to be made payable to GEO BUKIT RIMAU MANAGEMENT CORPORATION. Acc no: CIMB BANK-8010874010 **Permitted Days & Time: Monday to Friday Only: 10.00am - 4.00pm. Saturday: 10.00am - 1pm. Strictly NO Moving In/Out on Sunday and Public Holidays. **Only a 1-tonne lorry is permitted in the premises. For moving in/out with container, container is to be parked outside. **Please provide MITI Clearance letter (Transport Company), Vaccine Certificate (lorry driver & attendant). **Must utilize Bomba lift and must be covered with canvas if you need to use it. **Unwanted material, debris, boxes and similar waste by deliverymen and/or workmen should not be left in the corridors, lift lobbies, fire escape staircases and are not permitted to be thrown into the refuse chamber/bins.						
Mover's Company Name:						
Mover's Driver Contact No. H/P:			Office :	•		
Vehicle No:						
* If tenant's application, please submit owner's letter of authorization. ** Please adhere to PANGSAPURI PERKHIDMATAN KNOX WAWASAN House Rules & Regulation (Property Owner's Manual).						
Attached herewith is RM(Cash/Cheques no./Others) being payment for above application.						
Resident's Signature :						
Resident's Name :						
Date :						
FOR OFFICE USE ONLY						
MANAGEMENT USE PAYMENT						
- I III III III III III III III III III			- 1111			
Received by :	Date	Cash/Cheques No Official Receipt				
Signature Staff Name:	 Date	Amount	:			

NO	DESCRIPTION OF ITEMS	QUANTITY	REMARKS
	Conveto Cognitive		
	Copy to Security		

REFUND OF DEPOSIT				
I/We wish to apply for refund of my/our deposit as my/our services as started in this appointment is no longer required.	Approved by:			
Requested by: Signature Date	Management Staff Date Deduction (if any): Amount Refundable:			
Note: Please submit the original receipt and pass card for the processing refund.	Refund cheques No : Acknowledged by :Date :			