

MOVING PERMIT-SHIFT IN/OUT
(Delete whichever not applicable)

Resident's Name : _____ NRIC/ Passport No. : _____
Unit No. : _____ Tel No. : _____
Permanent Address : _____

Mover's Name : _____ Approx. Moving Time/ Date : _____
Tel No. : _____ Vehicle Plat No : _____
Name of worker(s) : 1. _____ NRIC No. : _____
2. _____ NRIC No. : _____
3. _____ NRIC No. : _____
4. _____ NRIC No. : _____

Description of goods move in/out : 1. _____
2. _____
3. _____
4. _____

TO BE SIGNED BY THE RESIDENT/ TENANT	TO BE SIGNED BY THE MOVER/ CONTRACTOR
Signature, Name, NRIC No. & Date	Signature, Name, NRIC No. & Date

FOR OFFICE USE ONLY

Attended by : _____	Officer Approval : _____
<u>Deposit</u>	
Cheque/ Cash : _____	Office Chop : _____
Amount (RM) : _____	Reference : _____
Receipt No : _____	Date : _____

COPY TO SECURITY DEPARTMENT

Time In : _____ Time Out : _____ Date : _____
Name of Security Officer's : _____
Remarks : _____