



MOVING IN/ OUT FORM

(Consent letter required, if demised premises is tenanted)

Name :

NRIC/Passport ID:

Unit No:

Move/Shift By: Owner/Tenant (Please circle)

Contact No: H/P/Office/House

Moving/Shift Date: Time:

No	Description
1	
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I/We hereby place a security deposit a sum of RM..... by online transfer for the duration of Moving/Shifting

Payment to be made payable to:

Account Name: : JKG Central Park Sdn Bhd
 Account No : 5141 4170 2806
 Bank Name : Maybank

I/We understand that the deposit is refundable, less any sum, if any, for the repairing damages to the common areas, facilities and removing debris. **(Rubbish not cleared by management cleaner)**

I/We agree to compensate the Management if the deposit is insufficient.

I/We agree that the Contractor/Movers and his employees will abide the Management rules, failing which the management may exercise this discretion to disallow with the Moving/Shifting works or prohibit them from entering the premises.

Moving/Shifting should be carried out during office hours as per stated: -

Monday to Friday : 9.00am to 5.00pm
 Saturday : 9.00am to 1.00pm
 Sunday & Public Holidays : Not Allowed



B-08-01 Management Office, Residensi ERA,
No. 208, Jalan Segambut, Segambut, 51200 Kuala Lumpur.
Email: eraph1.mo@gmail.com

(Managed by Landlords Property & Facilities Management Sdn Bhd)

Mover/Shifter Details: -

Company Name :

Contact Person :

H/P or Tel No :

Vehicle No :

Apply by : (Owner/Tenant)	Attended by : (Technician/Admin)	Approved by: (BE/BM)	Acknowledged by: (Security Supervisor)
Name :	Name :	Name :	Name :
Date :	Date :	Date :	Date: