

SHIFTED IN / OUT FORM

Owner **Tenant**

Shifting IN **Shifting OUT** Owner's Approval is required
Owner Approved by Email / Approved Letter Call (Owner's Contact). :

Application Date : **Unit No.** :

Resident Name : **Mobile No** :

Permitted Hours for **Shifted In / Out** :

Monday – Friday	9.00a.m. - 5.00 p.m.	Full House shifted In / Out closed at 4.00 p.m
Saturday	9.00 a.m. – 1.00 p.m.	Full House shifted In / Out closed at 12noon
Sunday / Public Holiday	Strictly Not Allowed including shift In/Out from same block to different level or from different Block.	

Information for Shifting In / Out :

Shifting In / Out Date	Time	Lorry Plate No	Company Name	Items

Terms & Conditions

- 1) Application must be submitted to The Management office minimum **three (3)** days prior to shifting date for our arrangement.
- 2) The Resident must clear the rubbish or keep inside the unit compound. No rubbish can be thrown at rubbish room and bin located at garage area.
- 3) The Management reserves the right to refuse entry to any unregistered mover(s) / lorry.
- 4) The Management will not responsibility for any damaged, missing items or injury or whatsoever kinds arising during shifting period.
- 5) Common Area shall be kept clean & clear at all time. If found not comply to the Terms & Conditions will be fined with **penalty of RM200.**

I/ We hereby agreed that I/We are bound by the Rules & Regulations and fully understand I/We liable for the breach of any Terms & Conditions above and shall fully indemnify the Management for any loss, damages, claims or whatsoever incurred due to my and /or our movers' acts omission and / or negligence in relation to the shifting works.

Applicant's Signature:

For Office Use Only

Security Guard Name :

Date :

Office Staff Name :

The Management Chop :