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**SHIFTING IN / OUT NOTICE**

Dear Sir/Madam,

I / We, being the owner / tenant\* (please delete as appropriate) of the unit as hereunder stated, hereby notify you that the following shifting activity shall take place at the stated unit: -

<input type="checkbox"/>	SHIFTING IN	<input type="checkbox"/>	SHIFTING OUT
<input type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>	OTHERS (PLEASE SPECIFY)

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The detail of above shifting shall be as follows: -

Date : \_\_\_\_\_ Details of vehicles involved: \_\_\_\_\_

Time : \_\_\_\_\_ Type : \_\_\_\_\_

Duration : \_\_\_\_\_ Size / Tonnage : \_\_\_\_\_

Handphone : \_\_\_\_\_ No. to be deployed : \_\_\_\_\_

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Please ensure that the entry and exit of vehicles is allowed in order to facilitate the above shifting activity.

Name : \_\_\_\_\_ Identity card / Passport no. : \_\_\_\_\_

Unit No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Terms and Conditions: -

1. This form must be duly completed and submitted to Management Office at least 3 working days prior to the actual shifting. Please note that we do not entertain telephone notification.

2. Shifting will only be allowed during the following hours and days as stated below: -

Monday – Friday : 9.00 am – 5.00 pm  
Saturday : 9.00 am – 1.00 pm  
Sunday / Public Holiday : No shifting (subject to Management consent)

3. Owners/ tenants will be held fully liable and responsible for any damage incurred to the common and / or property of the building.

4. All movement activities beyond the unit's boundary I subjected to supervision by the security / Management staff. Tenants / owners are to ensure that their appointed movers / shifting operators comply with the shifting in / out requirements.

5. For shifting-out tenants, Letter of Consent from the unit owners concerned is required to avoid any unnecessary misunderstanding and inconvenience.

6. A refundable Security Deposit of RM 200.00 must be remitted together with this application form for the shifting in / out activity, if you do not agree with the above rule, please submit a letter of responsibility to the management office.

7. Failure to duly notify the Management with the necessary information as required may result in the shifting being barred.

"PLEASE BE INFORMED THAT MOVING IN / OUT WILL BE SUBJECT TO THE AVAILABILITY OF THE SERVICE LIFT ON THE DAY OF MOVING IN / OUT"

ACKNOWLEDGEMENT BY OWNER (IF UNIT IS TENANTED)	FOR OFFICE USE ONLY	RESIDENT	BM / BE VERIFIED
SIGNATURE: _____ NAME: _____ IDENTIFY CARD NO.: _____ CONTACT NO.: _____ DATE: _____	DEPOSIT (RM): _____ SIGNATURE: _____ NAME: _____ DATE: _____ COPIED TO: _____	SIGNATURE: _____ NAME: _____ DATE: _____ AMOUNT RECEIVE: _____	SIGNATURE: _____ NAME: _____ DATE: _____ COPIED TO: _____
SECURITY IN	SECURITY OUT	REMARK	REFUND USER
SIGNATURE: _____ NAME: _____ DATE: _____ COPIED TO: _____	SIGNATURE: _____ NAME: _____ DATE: _____ COPIED TO: _____	_____ _____ _____	SIGNATURE: _____ NAME: _____ DATE: _____ REFUND: _____