PANGSAPURI PERKHIDMATAN KNOX WAWASAN



Received by:_____

Approved by:

Signature

Staff Name:

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: 22/8/20 Unit No: R-25					
Moving In Moving Out	(please tick √ applicable)				
* Please list items in the attachment provided.					
Name: Thian Shapw Chin					
Contact No. : Mobile: 0,36220	905 Office: —				
Date of Moving : 22/8/20	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 KNOX WAWASAN MANAGEMENT SDN BHD. Account no: Maybank-5124 8250 0918 **Permitted Days & Time: Monday to Friday: 9.00am – 5.00pm. Saturday: 9.00am-1.00pm only Strictly NO Moving In/Out on Sunday and Public Holidays. **Only a 1-tonne lorry is permitted in the premises. For complete move in/out with container, container is to be parked outside. **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: [-] CICVEY Norman					
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 200 (Cash/Cheques no./Others) being payment for above application. Resident's Signature: Resident's Name : Thin Shaw Chin Date : 22/8/20					
FOR OFFICE USE ONLY					
MANACEMENT LICE DAVMENT					
MANAGEMENT USE	PAYMENT				

Date

Date

Cash/Cheques No:

Official Receipt

Amount

Date of OR

NO	DESCRIPTION OF ITEMS	QUANTITY	REMARKS
1	Bed Frame)	
2	BCD Frame		
	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 : Date :	