



XIAMEN UNIVERSITY MALAYSIA

廈門大學 馬來西亞分校

CHECK IN AND CHECK OUT FORM

PERSONAL DETAILS

Name:			
Student No:		IC/ Passport No:	
Date Of Birth:	/ / Day Month Year	Contact No:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
E-mail Address:		Nationality/ Country:	
Religion:	<input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Others _____		
Home Address:			
Intake Date:			

Check In Details

Date:	
Time:	
Unit Number:	

Parent/ Guardian (Next of Kin) To Contact In Case of Emergency

Name:	
Relationship:	
Contact No:	
Email:	

Check Out Details (only fill up upon check out)

Date:	
Time:	
Unit Number:	
Reason:	

Office Use only (Maintenance Office B1-G13)

Electricity meter reading:	
Remarks:	

Declaration

I hereby declare that I have read and fully understood the terms and conditions of (checking in and out of XMUM student residences / withdrawing from XMUM student residences / applying for room exchange / requesting for maintenance) stipulated in the XMUM RESIDENCES MANAGEMENT RULES & REGULATIONS.

I understand that it is my responsibility to familiarize myself with the said material and I agree by all policies and regulations of XMUM that stated within.

Signature of Resident : _____

Date : _____

Name : _____

[illegible]



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INVENTORY CHECKLIST

No.	Item(s) Provided	Cost (RM)	CHECK IN							CHECK OUT	
			Quantity Please tick occupancy type						Resident Remarks e.g. Tiles broken	Office Use only (Accommodation) Unit No: _____	
			TWIN	SINGLE	SUITES		TSSO				
			<input type="checkbox"/>	<input type="checkbox"/>	R1 <input type="checkbox"/>	R2 <input type="checkbox"/>	D <input type="checkbox"/>	LY <input type="checkbox"/>			
BATHROOM											
21	Water heater	300	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
22	Toilet Paper Holder	40	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
23	Towel rack	100	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
24	Toiletries Holder	60	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
25	Door	600	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
26	Window	500	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
27	Toilet Seat Cover	150	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
28	Toilet Bowl	900	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
29	Water tap	60	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
30	Shower Head	65	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	1 <input type="checkbox"/>			
Others (For Office Use Only)									AO/Maintenance Office		
31	Cleaning	RM 100									
32	Miscellaneous :	RM 200									
	1) Blockage										
	2) Tiles	RM 200									
	3) Ceiling	RM 200									
TOTAL (RM) :											

I will check the condition of the room and report any discrepancy such as any damage or missing item in the room to Accommodation Office after check-in within 3 working days. Failure to return this form will be taken as acceptance of room condition.

Signature: _____

Date: _____