



AUTHORITY TO MOVE-IN **(FOR LEASED OUT UNITS)**

(Date)

This is to authorize Mr./ Ms. / Mrs. _____ to move-in to our unit _____ effective _____ until the expiring of contract on _____
(Attach copy of lease contract, client information sheet/occupants ledger, and recent passport for foreigner, etc.)

For and in consideration of the approval by Knightsbridge Residences Condominium Corporation ("KBRCC") of the use and occupancy of said unit, Mr. / Ms. / Mrs. _____ and family bind themselves to comply with the MASTER DEED with Declaration of restrictions, the Articles of Incorporation, the By Laws and House Rules and Regulations of KBRCC.

It is understood that the approval of this authorization does not relieve the lessee from any of the obligations imposed on KBRCC unit owners.

OWNER'S/TENANT'S ACCOUNTABILITIES:

Name of Unit Owner : _____ Unit No. : _____
Address : _____ Tel. No. : _____

Name of Unit Tenant : 1) _____
2) _____
3) _____
4) _____

Association Dues
Utilities
Other Billables

Owners	Tenant	Remarks

Authorized by:

(Signature over printed name of the Unit Owner)

Verified by:

Leasing Services Specialist/ Manager/ Broker-in-Charge
(Signature over printed name)

Approved by:

Operations Manager/General Manager
(Signature over printed name)

Conforme:

(Signature over printed name of the Lessee)

Checked by:

Staff Assistant
(Signature over printed name)

Certified by:

Billing Assistant/Chief Accountant
(Signature over printed name)

Managed By



Century Properties Management Inc.

By signing below, I agree to the Privacy Notice of Knightsbridge Residences and giving my consent to the collection of my personal data in accordance thereto.



PROXIMITY CARD REQUEST FORM

Unit No.	Date
Applicant (Name & Signature)	<input type="checkbox"/> Owner <input type="checkbox"/> SPA / Representative
	<input type="checkbox"/> Dependent <input type="checkbox"/> Tenant

PURPOSE

- | | | |
|--|--|---|
| <input type="checkbox"/> New/Addl | <input type="checkbox"/> Replacement | <input type="checkbox"/> Deactivation |
| <input type="checkbox"/> Activation | <input type="checkbox"/> Reactivation | <input type="checkbox"/> Return for Refund/Transfer |
| <input type="checkbox"/> Extension of Validity | <input type="checkbox"/> Checking/Validation | <input type="checkbox"/> Acknowledgement Receipt |

Name (existing & applicant)	Pltm	Gold	Red	Grn	Blk	Status of Applicant
1						
2						
3						
4						
5						

Verification

- ☐ Endorsement from unitowner/SPA (letter/email, attached)
- ☐ Copy of Lease Contract/Length of Stay _____
- O/D ☐ Official Receipt No. _____ Amount: _____ Date: _____
- O/D ☐ Acknowledgement Receipt No. _____ Amount: _____ Date: _____
- ☐ Card tested out: in good condition/ damaged/ defective
last used on _____ Serial No. _____
- ☐ Surrendered Card No. _____
- ☐ LOST Card last used on _____ Serial No. _____

Verified by PMO /Security	Approved by Operations/General Manager
Received by	Date/Time
Endorsed for (programming/refund)	Date/Time
Programming/Refund by	Date/Time
Released to	Date/Time



AUTHORITY TO MOVE-IN CHECKLIST

UNIT NUMBER: _____

___LONG TERM

___SHORT TERM

___NEW TENANT

___ADDITIONAL TENANT

___REPL TENANT TO:

___UPDATED IN ACCTG

___UPDATED IN ACCTG

___UPDATED IN ACCTG

___W/ PROMI UNTIL:

___W/ PROMI UNTIL:

___W/ PROMI UNTIL:

___W/ ID / PASSPORT

___W/ ID / PASSPORT

___W/ ID / PASSPORT

___W/ WORKING VISA /

___W/ WORKING VISA /

___W/ WORKING VISA /

TOURIST VISA

TOURIST VISA

TOURIST VISA

___W/ CONTRACT TO LEASE

___W/ EXISTING CONTRACT

___W/ EXISTING CONTRACT

___W/ ENDORSEMENT

___W/ AUTHORIZATION FROM
CONTRACT SIGNATORY

___W/ AUTHORIZATION FROM
CONTRACT SIGNATORY

___W/ COE

___W/ COE

___W/ COE

___TRANSFER TENANT

OTHER REMARKS:

___UPDATED IN ACCTG.

___SIGN BY: OWNER / SPA / AUTHORIZED

___W/ PROMI UNTIL:

___W/ PET

___W/ ID / PASSPORT

___W/ PARKING: RENTED / OWNED

___W/ VISA (IF FOREIGN)

___SUBMITTED BY: OWNER / SPA /

___FROM UNIT _____

AUTHORIZED

___W/ AUTHORIZATION FROM PREVIOUS UNIT

___HOUSE RULES RECEIVED _____

___W/ CONTRACT TO LEASE