



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

07/09-25

(Date)

This is to authorize Mr./ Ms. / Mrs. test mellemrum to move-in to our unit 4317 effective 08/01-25 until the expiring of contract on 08/30-25 *(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. test mellemrum 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 : Sol Baes Unit No. : 4317  
Address : \_\_\_\_\_ Tel. No. : 09152151745

Name of Unit Tenant : 1) test mellemrum  
2) lad os se  
3) \_\_\_\_\_  
4) \_\_\_\_\_

Association Dues  
Utilities  
Other Billables

Owners	Tenant	Remarks

Authorized by:

Adam Kischinsky

(Signature over printed name of the Unit Owner)

Conforme:

(Signature over printed name of the Lessee)

Verified by:

Adam Kischinsky

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

Checked by:

Staff Assistant  
(Signature over printed name)

Approved by:

Certified by:

Operations Manager/General Manager  
(Signature over printed name)

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.	4317	Date	07/09-25
Applicant (Name & Signature)		<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> SPA / Representative
Adam Kischinovsky		<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 test mellemrum						
2 lad os se						
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	Approved by
PMO /Security	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: 4317

☐ 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

*[Handwritten signature]*