



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

08/01-25

(Date)

This is to authorize Mr./ Ms. / Mrs. igen to move-in to our unit  
4317 effective 08/02-25 until the expiring of contract on  
08/05-25 (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. igen 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) igen  
2) \_\_\_\_\_  
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 08/01-25

Applicant (Name &amp; Signature)

Adam Kischinsky

☐ Owner ☒ SPA / Representative  
☐ Dependent ☐ Tenant

**PURPOSE**

- ☐ New/Addl ☐ Replacement ☐ Deactivation  
☐ Activation ☐ Reactivation ☐ Return for Refund/Transfer  
☐ Extension of Validity ☐ Checking/Validation ☐ Acknowledgement Receipt

Name (existing & applicant)	Pltm	Gold	Red	Grn	Blk	Status of Applicant
1 igen						
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: 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]*