

KNIGHTSBRIDGE RESIDENCES CONDOMINIUM CORPORATION

Century City, Brgy. Poblacion, Makati City

AUTHORITY TO MOVE-IN

(FOR LEASED OUT UNITS)

		- 11 C - 10 C -		•	07/12-25	
						(Date)
his is to authorize Mi	r./ Ms. / Mr		test amount		to move-in	to our unit
4317	effective	07/14-25		until the	expiring of con	ntract on
07/16-25		(Attach copy	of lease contract	, client information	on sheet/occupants	ledger, and
cent passport for fore	igner, etc.)					
or and in consideration se and occupancy of nemselves to comply v aws and House Rules a	said unit, N vith the MAS	Ar. / Ms. / N STER DEED wit	test amou	unt	and	family hind
is understood that the spoot on KBRCC unit			rization does no		ee from any of the	obligations
Name of Unit Owner	Sol Bae	is.		11. 14.14	4317	
Name of Unit Owner Address	1			Offic two.	09152151745	
PH 12						
Name of Unit Tenant : 1) t 2)		mount				
	3)					
	4)			_		
A D		Ow	iners	Tenan	t	Remarks
Association Dues Utilities						
Other Billables						
						of of
uthorized by:				Conforme:		tice of
Adam Kischine	ovsky					1 6 +
ignature over printed na		Owner)		(Signature ove	r printed name of the	Tessee) No Second
orified by				Checked by:		Wac
erified by:				undeked by:		Mass
Adam Klabina	747	okar in Charge		Staff Assistant		ANOVI
easing Services Specialist Signature over printed na		oker-m-charge			r printed name)	00
Approved by:				Costified by		300
approved by:				Certified by:		The state of the s
				***************************************		- 4
Operations Manager/Gen	eral Manager			Billing Assistan	nt/Chief Accountant	below,
Signature over printed na					er printed name)	0 0
						Bulling
						R R R R R R R R R R R R R R R R R R R
	Managadi	[[Continue Dr	operator Mana	comont Inc	



Applicant (Name & Signature) Adam & Signature) Adam & Signature) Adam & Signature) PURPOSE New/Addl	PROXIMITY CARD REQUEST FORM										
PURPOSE New/Addl	Unit No. 4317					Date	07/	12-25	5		
PURPOSE New/Addl	Applicant (Name & Signature)					Owne	r	X			
New/Addl Replacement Deactivation Activation Reactivation Return for Refund/Transfer Activation Reactivation Return for Refund/Transfer Acknowledgement Receipt Name (existing & applicant) Pltm Gold Red Grn Blk Applicant 1 test amount	Adam Kischinovsk			У		Deper	ndent		Tenant		
Activation Reactivation Acknowledgement Receipt Name (existing & applicant) Pltm Gold Red Grn Blk Applicant 1 test amount 2 3 4 5 Verification Endorsement from unitowner/SPA (letter/email, attached) Copy of Lease Contract/Length of Stay O/D Acknowledgement Receipt No. Amount: Date:	///										
Extension of Validity Checking/Validation Acknowledgement Receipt	☐ New/Addl ☐ Repla			cemer	nt		Deact	tivatio	n		
Name (existing & applicant)			Activation Reactivation			□ Return for Refund/Transfer					
Name (existing & applicant)			Extension of Validity	Checkin	ng/Valid	g/Validation			knowledgement Receipt		
2 3 4 5 Verification □ Endorsement from unitowner/SPA (letter/email, attached) □ Copy of Lease Contract/Length of Stay ○/D □ Official Receipt No Amount: Date:		Nar	ne (existing & appl	icant)	Pltm	Gold	Red	Grn	Blk	32 SECTION SECTION	
3 4 5 Verification □ Endorsement from unitowner/SPA (letter/email, attached) □ Copy of Lease Contract/Length of Stay ○/D □ Official Receipt No Amount: Date: ○/D □ Acknowledgement Receipt No Amount: Date:	1	test	amount								
Verification Endorsement from unitowner/SPA (letter/email, attached) Copy of Lease Contract/Length of Stay O/D Official Receipt No Amount: Date: Acknowledgement Receipt No Amount: Date:	2	1600									
Verification Endorsement from unitowner/SPA (letter/email, attached) Copy of Lease Contract/Length of Stay O/D Official Receipt No Amount: Date:	3										
Verification	4										
Endorsement from unitowner/SPA (letter/email, attached) Copy of Lease Contract/Length of Stay O/D Official Receipt No Amount: Date: Acknowledgement Receipt No Amount: Date:	5										
□ Copy of Lease Contract/Length of Stay □ Official Receipt No Amount: Date: □ Acknowledgement Receipt No Amount: Date:	Verification										
O/D Official Receipt No Amount: Date: O/D Acknowledgement Receipt No Amount: Date:	☐ Endorsement from unitowner/SPA			A	(letter/email, attached)						
O/D Acknowledgement Receipt No Amount: Date:			Copy of Lease Contract/Length of Stay								
	O/D		Official Receipt No Amount: Date:								
☐ Card tested out: in good condition/ damaged/ defective	O/D		Acknowledgement Receipt No Amount: Date:								
last used onSerial No			1	last used onSerial No							
Surrendered Card No			Surrendered Card	No							
LOST Card last used onSerial No			LOST Card	ast used on _		S	erial No.				
Verified by Approved by	Verif	ied by			Appro	ved by					
PMO /Security Operations/General Manager	2000/2000/14			Onershieus/Conord Manager							
	PMO /Security										
Received by	Received by										
Endosed for [programming/reserve]	Endorsed for (programming/refund)				Date/Time						
Released to Date/Time	Programming/Refund by			-							



AUTHORITY TO MOVE-IN CHECKLIST

UNIT NUMBER: _4317

LONG TERM		_SHORT TERM			
NEW TENANT	ADDITIONAL T	ENANT	REPL TENANT TO:		
UPDATED IN ACCTG	UPDATED IN A	CCTG	UPDATED IN ACCTG		
W/ PROMI UNTIL:W/ PROMI UNT		ΓIL:	W/ PROMIUNTIL:		
W/ID / PASSPORT	W/ID / PASSPO	ORT	W/ID / PASSPORT		
W/ WORKING VISA /	W/ WORKING	VISA /	W/ WORKING VISA /		
TOURIST VISA	TOURIST V	ISA	TOURISTVISA		
W/ CONTRACT TO LEASE	W/ EXISTING CO	NTRACT	W/ EXISTING CONRACT		
W/ ENDORSEMENT	the state of the s	SIGNATORY	W/ ATHORIZATION FROM CONTRACT SIGNATORY		
W/ COE	W/ COE		W/ COE		
TRANSFER TENANT		OTHER REM	MARKS:		
UPDATED IN ACCTG.		SIGN BY: O	WNER / SPA / AUTHORIZED		
W/ PROMI UNTIL:		W/ PET			
W/ID / PASSPORT		W/ PARKING: RENTED / OWNED			
W/ VISA (IF FOREIGN)		SUBMITTE	D BY: OWNER / SPA /		
FROM UNIT			AUTHORIZED MALE		
W/ AUTHORIZATION FRO	M PREVIOUS UNIT	HOUSE R	ULES RECEIVED WWW. W		
W/ CONTRACT TO LEASE					