



AUTHORITY TO MOVE-IN
(FOR LEASED OUT UNITS)

07/14-25

(Date)

This is to authorize Mr./ Ms. / Mrs. test amount to move-in to our unit
4317 effective 07/14-25 until the expiring of contract on
07/16-25 (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 amount 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 amount
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 07/14-25

Applicant (Name & Signature) *Adam Kischinsky*

☐ Owner ☒ SPA / Representative
☐ Dependent ☐ 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 amount						
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
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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]