



AUTHORITY TO MOVE-IN (FOR LEASED OUT UNITS)

08/07-25

(Date)

This is to authorize Mr./ Ms. / Mrs. test local and render movein to move-in to our unit 4317 effective 08/14-25 until the expiring of contract on 08/10-25 *(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 local and render movein 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 local and render movein
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	08/07-25
Applicant (Name & Signature)		<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> SPA / Representative
Adam Kischinsky		<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 local and render movein						
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	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]