

 OSK PROPERTY DIVISION		Doc Ref: OSKP/PPM/08-F3 Rev No: Issue Date: 01/09/2016
Form	Shift Out Form	Page 1 of 1

<u>Details of Resident</u>			
Name of Project : YOU VISTA			
Name	:	_____	Date/Time : _____
I/C No.	:	_____	Unit No : _____
Shifting Out Date	:	_____	
Contact No	:	_____ (H)	: _____
Resident signature	:	_____ (O)	: _____
<u>Confirmation by Company Representative</u>			
Name	:	_____	
Signature	:	_____	
Date	:	_____	
<u>FOR OFFICIAL USE ONLY (To be Completed by Security)</u>			
Date of exit	:	_____	Time In : _____
Mode of Transport	:	_____	Time Out : _____
Vehicle Reg. No.	:	_____	Company : _____
Name of Security	:	_____	
Signature	:	_____	

c.c. Security Department

Note : The management office shall be informed at least 24 hours or one working day in advance of any shifting out.