

## SHIFTING IN FORM

### Details of Resident

<b>Name</b>	:	.....	<b>Date</b>	:	.....
<b>NRIC/Passport No.</b>	:	.....	<b>Contact No.</b>	:	.....
<b>Shifting In Date</b>	:	.....	<b>Parcel / Unit No.</b>	:	.....
<b>Name of Movers (Company Name)</b>	:	.....	<b>Shifting In Time</b>	:	.....
<b>Person In Charge</b>	:	.....	<b>Contact No.</b>	:	.....

### Terms & Conditions:

- Moving-in/moving-out should be carried out during the following hours:  
**Monday – Friday : 9am – 5pm**  
**Saturday : 9am – 1pm**  
**Sunday and Public Holiday : Strictly Not Allowed**
- All goods to be moved out from the Trinity Aquata must get security clearance by showing copy of the duly filled Form to the security guard on duty.
- The Resident has to pay a sum of RM200.00 as the Shifting in Deposit to cover any damage to the lift and common property caused during the transportation of goods or non-compliance of the conditions herein. The deposit shall be refunded free of interest after confirmation that there is no damage to the lift or common property or breach of the House Rules or the damage and/or breach above has been made good or that such repairs have been carried out and paid for.

### Resident Signature

I hereby accept all terms and condition stated as above.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Confirmation By Management Office (Trinity Aquata)

<b>Name</b>	:	.....
<b>Signature</b>	:	.....
<b>Date</b>	:	.....

### FOR OFFICE USE ONLY (To Be Completed by Security)

<b>Date of Entry</b>	:	.....	<b>Pass No.</b>	:	.....
<b>Mode of Transport</b>	:	.....	<b>Time In</b>	:	.....
<b>Vehicle Reg. No.</b>	:	.....	<b>Time Out</b>	:	.....
<b>Driver Name</b>	:	.....	<b>NRIC/Passport No.</b>	:	.....
<b>Name of Security</b>	:	.....			
<b>Signature</b>	:	.....			

**SHIFTING IN FORM**

C.c. Security Guard

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

Deposit Amount : .....

Official Receipt No. : .....

Mode of Payment : Cash / Cheque

Received By : .....

Date : .....

Approved By : .....

Date : .....

**REFUND**

Deposit Amount : .....

Deposit Deduction : .....

Deposit  
(Refundable) : .....

Refunded By : .....

Date : .....

Approved By : .....

Date : .....

Applicant Signature : .....

NRIC/Passport No. : .....

Date : .....