



TENANT INFORMATION SHEET

Unit Owner (Full name):		
Tower:	Unit No.:	Parking Slot No/s:
Contact details (phone and email address):		
Authorized Representative/ Broker (if any):		Period of Lease:
Contact Details:		

Tenant (Full name):			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthday:	
Passport No.	Date Issued:	Place Issued:	Nationality:
Company Name/ Office Address:		Preferred mode of communication for billings and announcements: <input type="checkbox"/> Mailbox <input type="checkbox"/> Email <input type="checkbox"/> Website	
Contact Details			
Tel. no.:		Fax No.:	
Email Address:			
Contact person/ representative in case of an emergency:			
Tel. no.:		Fax No.:	
Email Address:			

Persons staying in the Unit				
Name	Age	Sex	Relation	Remarks

Please identify person/s with physical disability or with certain ailment. Specify disability of ailment and possible assistance needed in case of emergency.

Tenant's Signature over Printed Name

Received by:

Date

Property Management Office