



CONTROL NO. \_\_\_\_\_

### GATE PASS

Date of Application : \_\_\_\_\_  
Name of Applicant : \_\_\_\_\_  Unit Owner  Tenant  SPA  
Tower and Unit No. : \_\_\_\_\_ Date: \_\_\_\_\_  Delivery  
Carrier : \_\_\_\_\_ Time: \_\_\_\_\_  Pull Out

NO.	QUANTITY	ITEM/S	REMARKS

**PLEASE AFFIX YOUR SIGNATURE OVER PRINTED NAME ON THE CORRESPONDING SPACE PROVIDED BELOW:**

Requested by:	Authorized by:	Noted by:	Approved by:	Verified by:
APPLICANT	UNIT OWNER	PROPERTY ENGINEER	PROPERTY MANAGER	GUARD ON DUTY / OIC