



Control No.:

MOVE-IN CLEARANCE FOR TENANT/S

To : **PROPERTY MANAGEMENT OFFICE**

Date of Application: _____

TO BE ACCOMPLISHED IN 3 COPIES - REQUESTOR (White copy) / SECURITY (Yellow Copy) / PROPERTY MANAGEMENT OFFICE (Blue Copy)

This is to formally inform you that Mr./Ms./Company Name _____

is moving-in to my Unit (Tower ____, Unit _____) on _____, 20____.

UTILITIES	METER READING	DATE TAKEN
WATER (To be included in the owners monthly Statement of Account)		
ELECTRICITY (To billed directly by Utility Provider)		

Note that our tenant/s whose signature appears below are allowed to sign the following forms on our behalf:

- Work Permit (Minor Works Only)
- Amenities Room Reservation
- Concern Slip
- Others: _____

(Note that our unit is ___ Furnished ___ Unfurnished ___ Semi furnished)

Gate Pass for INCOMING Items Only

For OUTGOING Items , the Gate Pass should be signed by the Unit Owner/s or representative with SPA

For easy coordination, may we request both the owners / representative with SPA and tenant to indicate their complete email address, mobile and land line numbers in the information sheet.

Move-out form, requirements, and gate pass should be accomplished at least 2 weeks prior to actual move-out, **MOVE OUT FORMS and GATE PASS MAY ONLY BE SIGNED DURING OFFICE HOURS.**

IMPORTANT:

- 1. All unpaid accountabilities of the tenant including penalties & other charges shall be for the account of the Unit Owner.**
- 2. The Unit Owner is enjoined to orient the Tenants on the House Rules and Regulations of the Condo. Corp.**

_____ Tenant's Printed Name and Signature

_____ Unit Owner's Printed Name and Signature

List of requirements prior to move-in (to be checked by PMO)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pay all Accountabilities (Good Standing) <input type="checkbox"/> Notarized Copy of the Lease Contract <input type="checkbox"/> Tenant Information Sheet <input type="checkbox"/> Fire Extinguisher/s in the Unit. | <ul style="list-style-type: none"> <input type="checkbox"/> Updated SPA if Unit Owner is represented by a representative <input type="checkbox"/> Checked Sprinkler Heads and Smoke Detector by OIC <input type="checkbox"/> Photocopy of Tenant/s I.D. (Government Issued) <input type="checkbox"/> If Foreigner : Photocopy of Passport |
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PLEASE AFFIX YOUR SIGNATURE OVER PRINTED NAME ON THE CORRESPONDING SPACE PROVIDED BELOW:

Noted by:		Approved by:		Safety & Security Monitoring by:	
PAYMENT CENTER	CHIEF/PROPERTY ENGINEER	PROPERTY MANAGER		SECURITY-OIC	