

	<b>Permit Request Form For Move In / Out</b>	Permit No. : _____	
		Unit No. : _____	
		Trade Name : _____	
MOVING DATE : _____ TO _____			
CHECKLIST :-			
<b>1. <u>Settlement of following dues:-</u></b>	<b>Settled</b>	<b>Due(RM)</b>	
a) Service Charge	<input type="checkbox"/>		
b) Special Service Charge	<input type="checkbox"/>		
c) Sinking Fund	<input type="checkbox"/>		
d) Promotional Charge	<input type="checkbox"/>		
e) Water Bill	<input type="checkbox"/>		
f) Gas Charge	<input type="checkbox"/>		
g) Insurance	<input type="checkbox"/>		
h) Quit Rent	<input type="checkbox"/>		
i) Assessment	<input type="checkbox"/>		
j) Advertising (Pylon, Signboard, etc)	<input type="checkbox"/>		
k) Maintenance Repair	<input type="checkbox"/>		
l) Electricity Bill	<input type="checkbox"/>		
m) Rental of Accessories Parcel	<input type="checkbox"/>		
n) Car Park Fees	<input type="checkbox"/>		
		Total _____	
We hereby attached cheque no. _____ amounted to RM _____ being the total amount due as mentioned above.			
<b>2. <u>MOVER :-</u></b>			
Contact Person : _____ Mobile no.: _____ Vehicle no.: _____			
We hereby attached cheque no. _____ amounted to RM _____ being the security deposit for the moving.			
<b>FOR OFFICE USE ONLY</b>			
<b>3. <u>CONSENT BY OWNER</u></b>			
Personally verified by : _____ Date: _____ Time: _____			
(Fit Out Officer to call / see owner)			
Note: Consent letter required if demised premise is tenanted.			
<b>4. <u>Pre-Post Inspection</u></b>	Yes	No	
• Inspection done	<input type="checkbox"/>	<input type="checkbox"/>	
• Attach Inspection Form	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. <u>Cross Check with Developer</u></b>			
Personally verified by : _____ Date: _____ Time: _____			
(Fit Out Officer to call developer's representative)			
Developer Recipient's Name : _____	In Order	Not In Order	Remarks
	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>APPROVED</u></b>			
_____	_____	_____	_____
Operation Department Name: _____	Finance Department Name: _____	Security Department Name: _____	MARCOM Department Name: _____

**PRE/ POST INSPECTION CHECKLIST**

Unit No: \_\_\_\_\_  
 Trade Name: \_\_\_\_\_

	Description	PRE-USE			POST-USE			
		In Order	Not in Order	Remarks	In Order	Not in Order	Remarks	Amount to be Charge
1	Lift Panel Finishes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
2	Lift Flooring Tiles	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
3	Lift Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
4	Lift Buttons/ Displays	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
5	Ventilation Grilles	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
6	Fire Alarm – Break Glass, Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
7	Common Area Door	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
8	Common Area Tiles	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
9	Common Area Walls	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
10	Common Area Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
11	Common Area Staircases/ Staircase Railing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
12	Removal of Debris from Premises	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
13	Removal of Debris from Common Area/ Front & Back Staircases	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
14	Removal of Debris at Aircond Condenser Area	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		Joint Inspection:-			Total			
		Tenant's Name: _____		Fit Out Officer's Name: _____	Tenant's Name: _____		Fit Out Officer's Name: _____	
		Date: _____		Date: _____	Date: _____		Date: _____	
		Amount Approved by BOD Manager:						
		Name : _____						
		Signature : _____						
		I/ We hereby agreed the above amount to be deducted from move in/out security deposit						
		Name : _____		Date: _____				
		Company: _____						