

ACCESS CARD REQUEST FORM

Date: _____

Application Type: NEW REPLACEMENT
 _____ Additional resident _____ Lost
 _____ Tenant _____ Damaged

| | | |
|--|-------------------------|--------------------|
| Name of Unit Owner | | |
| Bldg & Unit No. / Village, Phase, Block & Lot No. | Parking Slot No. | Contact No. |

| | Name of Assignee | Relationship with Unit Owner | Card Number (forPMO use) |
|---|------------------|------------------------------|--------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

REMINDERS:
 1. Incomplete details on this application may delay processing of your request. Release of access card(s) may take _____ working days. You shall be notified once the access card(s) is ready for pick-up.
 2. New access cards cost Php _____/card
 By signing this Access Card Request Form, I hereby consent to the collection and processing of my personal data and other individuals identified herein, in accordance with such Privacy Policy as may be adopted by _____ and the Data Privacy Act of 2012. I further agree to be contacted by the representatives of _____ regarding any matter relating to my residence in the condominium as well as on latest developments in _____. I signify my conformity to the foregoing and certify that all information provided above are true and correct.

Requested by: _____ Approved by: _____

Printed name and signature of Unit Owner/Authorized Representative

Printed name and signature of Building Manager

| To be filled-out by Property Management Office | |
|--|--|
| Payment for access cards | |
| Amount Paid | |
| Date Paid | |
| O.R. # | |

Date: _____ Date: _____

ACKNOWLEDGEMENT

In signing this acknowledgement, I recognize that this card will grant the bearer access to my unit and parking slot through _____'s elevators. As such, this card's safekeeping shall be my responsibility and loss or damage to this card will be reported immediately to the Administration Office.

- I further acknowledge that I am aware that:
- 1.) Electronic access to the building is monitored and logged. Usage reports may be reviewed by the Property Management Office. Data will be kept strictly confidential. Should a unit owner wish to secure a copy of the logs, the Property Management Office may require a formal request letter and impose documentary requirements.
 - 2.) The access card is for use only of the designated assignee and shall not be lent or given without proper notification to the Property Management Office. This is to ensure that personal details encoded are kept up to date.
 - 3.) Unit owners leasing their unit are responsible for retrieving the access cards of their guests and tenants or requesting for deactivation of these cards upon termination of lease.
 - 4.) Household staff assigned access cards must be properly registered at the Property Management Office. Their employer / resident of _____ shall be responsible for retrieving these cards upon termination of employment or requesting for deactivation of these.
 - 5.) The unit owner and his or her assignees for access cards shall not loan, transfer, give possession, modify, alter, or make a copy of the issued access cards. The assignee shall notify the Property Management Office immediately if an access card is lost or is suspected lost. Cards found to be used for unauthorized access to the building for commercial purposes shall be deactivated.
 - 6.) Possession of the access card shall not signify authorization from the unit owner for the bearer to access the unit nor the amenities. The Property Management Office reserves the right to verify authorization granted by the unit owner or resident to the bearer.
 - 7.) Delinquent unit owners and their tenants with assigned access cards shall have their cards suspended until settlement of their arrears.

The Property Management Office reserves the right to suspend or deactivate access cards should the bearer violate any of the above stated rules. This is to acknowledge that I have received _____ pc(s) of access cards for my unit.

Received by: _____ Released by: _____
 Printed name and signature of Unit Owner/Authorized Representative Printed name and signature

Date: _____