

MOVE-IN NOTICE AND CLEARANCE FORM

Unit Owner / Authorized Representative

Tenant / Lessee

| | |
|-----------|-------------------|
| Original | Admin Office |
| Photocopy | Security Guard |
| Photocopy | Unit Owner/Tenant |

Date Prepared: _____

To be requested by the Unit Owner/Tenant at least three (3) days before the actual date of Move-in

| | | | |
|---------------------------|----------------------------|------------------------------|-----------------------------------|
| Name of Unit Owner/Tenant | | Building / Village | Unit No. / Phase, Block & Lot No. |
| Scheduled Move-in Date | FOR TENANTS/LESSEES | | |
| | Contract Term | Start Date of Lease Contract | End Date of Lease Contract |

ITEMS, FURNITURE AND APPLIANCES INCLUDED IN THE MOVE-IN

| Item No. | Item Description | Unit | Quantity | Remarks |
|----------|------------------|------|----------|---------|
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Please use additional sheets if necessary. Items to be brought in after the move-in date should be covered by a Gate Pass.

By signing this Move-In Notice and Clearance 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:

(FOR LEASED UNITS) Authorized by:

Printed Name and Signature of Unit Owner/Tenant Date

Printed Name and Signature of Unit Owner/Authorized Representative Date

| | | | | |
|--|--|---|--|---------|
| To be filled-out by Property Management | | To be filled-out by Accounting Department <i>(Indicate if payments are updated)</i> | | |
| Current Reading | Water | Electricity | Monthly Dues | Unit |
| | | | | Parking |
| Reading/Activation of Utility Meters by: | _____ Printed Name and Signature / Date | | Water | |
| | | | Electricity | |
| Checking/Activation of Fire and Safety Equipment by: | _____ Printed Name and Signature / Date | | Others | |
| | | | _____ Printed Name and Signature of Accounting Personnel / Date | |

| | | |
|---|---|---|
| FOR LEASED UNITS | APPROVED BY: | SECURITY MONITORING |
| Assisted by: | | Actual Move-in Date: _____ |
| _____ Printed Name and Signature of AUTHORIZED BROKER / AGENT / REPRESENTATIVE | _____ Printed Name and Signature of BUILDING MANAGER | Time-In: _____ |
| Date: _____ | Date: _____ | _____ Printed Name and Signature of SECURITY PERSONNEL |