



# OVAL DAMANSARA

## NOTIFICATION OF SHIFTING IN/ OUT FORM

Dear Sir / Madam,

I / We, being the owner / tenant\*/Third party (please delete as appropriate) of the unit as hereunder stated, hereby notify you that the following shifting activity shall take place at the stated unit:-

Shifting In  Removal of household item(s) for maintenance / repair  
 Shifting Out  Others (please specify)  
\_\_\_\_\_

**\*The detail of above shifting shall be as follows:-**

Date : \_\_\_\_\_ Details of vehicles involved : \_\_\_\_\_  
Time (estimated) : \_\_\_\_\_ Type of vehicle : \_\_\_\_\_  
Duration (estimated): \_\_\_\_\_ Size / Tonnage : \_\_\_\_\_  
No. to be deployed : \_\_\_\_\_

**Precautionary measures to be made:-**

Lift Protection  
 Floor Protection  
 Wall Protection  
 Others (please specify) :- \_\_\_\_\_

**Please ensure that the entry and exit of vehicles are allowed in order to facilitate the above shifting activity.**

Name : \_\_\_\_\_ Identity Card/ Passport No. : \_\_\_\_\_  
Unit No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Terms and Conditions:-**

- This form must be duly completed and submitted to Management Office at least 7 working days prior to the actual shifting. Please note that we do not entertain telephone notification.
- Shifting will only be allowed during the following hours and days as stated below:-
  - Monday – Friday : 0900 hours – 1700 hours**
  - Saturdays : 0900 hours – 1300 hours**
  - Sundays/Public Holidays : No shifting (subject to Management consent)**
- Owners/tenants will be held responsible for any damage incurred to the common and/or property of the building.
- All movement activities beyond the unit's boundary is subjected to supervision by the security/Management staff. Tenants/owners are to ensure that their appointed movers/shifting operators comply with the shifting in/out requirements.
- For shifting-out tenants, **Letter of Consent** from the unit owners concerned is required to avoid any unnecessary misunderstanding and inconvenience.
- Failure to duly notify the Management with the necessary information as required may result in the shifting being barred.

ACKNOWLEDGEMENT OF OWNER (if unit is tenanted)	FOR OFFICE USE ONLY	FOR SECURITY USE ONLY
Signature : _____ Name : _____ Identity Card No: _____ Contact No. : _____	Verified by : _____ Signature : _____ Name : _____ Date : _____	<b>Acknowledgement of receipt of Notification</b> Signature : _____ Name : _____ Designation : _____ Date : _____