Name of Estate:					
APPLICATION FOR BULK DELIVERY AND HOUSE RELOCATION					
Owner:		Tenant:			
Name	:		No & Unit:		
Contact No	: (H)		_(O)		
	(PG)		_ (HP)		
Date of Removal: 1st session/ 2nd session:					
Contractor					
Name	:				
Address	:				
Co Regn No.	o Regn No. :				
Contact No.	Contact No. :				
Terms & Conditions 1.) Deposit Owner/ Residents shall pay a deposit (by cheque) of \$ upon application. The cheque shall be made in favour of "The Management Corporation Strata Title Plan No" before permission is granted for the delivery/ removal works to commence.					
Such deposit will be refunded to the Owner/ Residents when the Management is satisfied that the Owner/ Residents or their appointed contractors have not damages any common areas, left debris or caused any inconvenience to the building for which the Management would have incurred cost to rectify. Should the expenses of such rectification exceed the deposit, the Owner/ Residents concerned shall be liable to pay the differences.					
2.) Removing	<u>Hours</u>				
Bulk deliveries and house removals should be carried out on the following hours: Mondays to Fridays 1 st Session from 9.00am to 1.30pm 2 nd Session from 1.30pm to 6.00pm					
Saturda	ys	Strictly from 9.00a			
No works to be carried out on Sundays and Public Holidays					

THE MANAGEMENT CORPORATION STRATA TITLE PLAN NO.

Name of Estate:		
3.) Lift/ Staircase		
All deliveries/ removals and workmen sho cause inconvenience to the Owner/ Reside Owners/ Residents must ensure that prope common property during any bulk deliver	ents. Only one lift may er measure are taken to	be used for removal purposes. protect the lifts and other
4.) Debris/ Cleanliness		
In the event the debris is not cleared quick Management reserves the right to remove account of the Owner/ Residents. The cost the deposit.	such debris and affect	all the necessary repairs on the
I have read and confirm my acceptance of the breach of any such terms and conditio		ons herein and shall be liable for
Name & Signature		Date
For Official Use		
Deposit Cash/ Cheque No	Amount:	Date:
Receipt No: Issue by	y:	
Refund of Deposit		
Receipt/ Cheque No:	Name of Recipier	nt:
Signature		Date

THE MANAGEMENT CORPORATION STRATA TITLE PLAN NO. _____