



	wove-in 🗀 w	ove-out – Regis	tration Form
Personal Infor	mation of the Hou	se Owner	
Owner or Repres	entatives Full Name: _		
De Castle Condo	Unit Number:		
De Castle Condo	o Unit Type: _		
Important Mo	ove-in&out Inform	ation	
Elevator Dimension	ons: <u>1.7m x 1.7m x 2m</u>	Please use Move-in Servi	ce Elevator ONLY]
Staircase Dimens	sions (Emergency Stairc	case): 1.7m x 2.7m x 2.3r	n
Unloading Floor	Heights: <u>Basement 1;</u>	Minimum Height: 2.9m; 1	st Floor; Minimum Height: 2.6m
Date:			
	Morning	Afternoon	Evening
Time:	7:00 to 12:30	13:00 to 17:00	5:30 to 10:00
		Material and Equipment Bri ut into(from) De Castle roy	i <b>ning-in and Taking out form"</b> should val premises.
Telephone No.:			
Email:			
Others:			
Signature:			





## Co-owner / Occupier /Tenant – Move-In Details:

Please complete as much as information as possible as it will help us to organize the Move-In process as smoothly as possible for all Co-owners, Occupiers, and Tenants:

-	Will you be moving everything at one time:
	☐ Yes ☐ No
-	If no, please provide some details on how many trips/visits will be needed to move-in all your belongings:
-	Transport/ Vehicle Used:
-	Will you be bringing any heavy or large materials or belongings?  Sofa Bed Seats/Chairs  Others
-	Please provide some details:
-	Will you have any people, friends or workers to help you move all your belongings?
For The	e Property Management Office
	Agreement:
Proper	ty Management Person in charge:
Signatu	ure: