

Move In / Out Form

Please complete all information requested:		
Community:		Unit No:
Occupant Name:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
<input type="checkbox"/> Move-In <input type="checkbox"/> Move-Out	Preferred Date & Time:	
Email:	Mobile:	Landline:
Documents Required: a. Passport Copy / UAE ID <input type="checkbox"/> b. Copy of Title Deed or Certificate of Completion of Payment <input type="checkbox"/> c. Copy of the Tenancy Contract <input type="checkbox"/> d. Companies to submit copy of Trade License <input type="checkbox"/> e. Copy of the unit's most recent Service Charge Receipt <input type="checkbox"/>		
Terms & Conditions		
a. Please complete this form and return it to the Association Managers' office five (5) business days prior to your move in/out date. b. Service Charges for the unit must be upto date in order for this application to be processed. c. Owners & Tenants are fully responsible for any damage caused to the common areas while moving in/out that could be caused directly by them or their appointed moving company. d. Moving companies to provide adequate supervision within the move in/out process. e. Moving companies should abide at all times by the access and security policies at the community. f. In case of any damages caused in the common areas the occupant must rectify the damages within 48 hours. If the damages are not rectified on time, the Association Manager will repair the damages at the unit owner's cost. g. Areas must be cleaned and the waste to be disposed in a proper manner and immediately. h. Applicable penalties may be levied in case of non compliance with any of above. i. The Association Managers' Office will not be held liable for any accident/injury that occurs on the premises. Necessary safety precautions are taken by the Occupant and the moving company. j. For any further information please contact communities@emaar.ae k. Move Out applicant to complete the information above as applicable/relevant.		
I understand and agree to the Terms & Conditions mentioned above.		
Owner/Tenant's Signature & Date:		Company Stamp (If Applicable):
For Office Use Only:		
All checks conducted as per policy: <input type="checkbox"/> Yes <input type="checkbox"/> No Service Charges paid in full: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks: _____		
AM Approval: Name: _____ Signature & Date: _____		