



OWNER/TENANT MOVE-IN CLEARANCE

OWNER/TENANT NAME:	
UNIT NO.	
DATE OF MOVE IN:	
REQUIREMENTS FOR OWNER’S OCCUPIED UNIT	REQUIREMENTS FOR TENANT’S OCCUPIED UNIT
<input type="checkbox"/> Condominium Certificate of Title <input type="checkbox"/> Deed of Absolute Sale/Contract to Sell <input type="checkbox"/> List of Furniture’s & Equipment to be brought in <input type="checkbox"/> List of Employees <input type="checkbox"/> Property filled out Unit Information Sheet <input type="checkbox"/> Photocopy of Present Car Registration & Official Receipt of Vehicles to be used in Parking Sticker <input type="checkbox"/> Telephone Number/s to be given for inquiries <input type="checkbox"/> List of Authorize Signatories	<input type="checkbox"/> Letter of Endorsement from Unit Owner <input type="checkbox"/> Contract of Lease – Photocopy <input type="checkbox"/> List of Furniture’s & Equipment to be brought in <input type="checkbox"/> Contact number & contact person for any inquiries NOTE: ARRANGEMENT OF UNIT OWNER TO THE LESSEE: <input type="checkbox"/> Owner will pay association dues <input type="checkbox"/> Owner will pay special assessments <input type="checkbox"/> Owner will pay utilities <input type="checkbox"/> Tenant will pay association dues <input type="checkbox"/> Tenant will pay special assessments <input type="checkbox"/> Tenant will pay utilities

NOTE:

1. Please get a copy of building guidelines & renovation guidelines to be familiar in the building.
2. Kindly attach necessary requirements and submit it to the **PARAGON ADMINISTRATION OFFICE** before the **MOVE-IN DATE. NO REQUIREMENTS NO MOVE IN.**

Clearance Requested By:

Accepted By:

Signature over Printed Name
(Incoming Tenant)

Property Accountant

Signature over Printed Name
(Unit Owner)

Property Manager

Note: If Representative of the Owner please indicates your designation





LIST OF FURNITURE AND EQUIPMENT

COMPANY NAME:	
UNIT NO.:	
DATE TO VACATE:	

QUANTITY	PARTICULARS

Validated By (Authorized Representative)	Position
Signature	Date

/mai/061500

Note: Please attach separate sheet if needed.



LIST OF EMPLOYEES / OCCUPANTS

COMPANY NAME:	
UNIT NO.:	
DATE TO VACATE:	

NAME	DESIGNATION/RELATIONSHIP

Validated By: (Authorized Representative)	Position:
Signature:	Date:

mai/082400

Note: Please attach separate sheet if needed.



PARAGON PLAZA
Condominium Corporation

15th Flr., Administration Office, Reliance St., corner EDSA, Mandaluyong City Tel. No.: 636-4933 Telefax: 636-4958

TELEPHONE NUMBER FOR INQUIRIES

COMPANY NAME:	
UNIT NO.:	

OFFICE(UNIT)	RESIDENCE	CONTACT PERSON
1.		
2.		
3.		

OFFICIAL OFFICE HOUR

Monday to Friday: _____ to _____
Saturday: _____ to _____

Validated By: (Authorized Representative)	Position:
Signature:	Date:

Managed by:



Property Management, Inc.

6F Pacific Star Bldg., Sen. Gil Puyat corner Makati Avenue, Makati City



PARAGON PLAZA
Condominium Corporation

15th Flr., Administration Office, Reliance St., corner EDSA, Mandaluyong City Tel. No.: 636-4933 Telefax: 636-4958

SPECIMEN SIGNATURE FORM

COMPANY NAME:	
UNIT NO.:	

AUTHORIZED SIGNATORIES	DESIGNATION	SPECIMEN SIGNATURE
1.		
2.		
3.		

Validated By: (Authorized Representative)	Position:
Signature:	Date:

/mai/061500



PARAGON PLAZA
Condominium Corporation

15th Flr., Administration Office, Reliance St., corner EDSA, Mandaluyong City Tel. No.: 636-4933 Telefax: 636-4958

AUTHORIZED PERSON TO OCCUPY DESIGNATED PARKING SLOT

COMPANY NAME:	
UNIT NO.:	

NAME	VEHICLE DATA			PLATE NO.	PARKING SLOT NO.
	MAKE	COLOR	YEAR MODEL		

Validated By: (Authorized Representative)	Position:
Signature:	Date:

/mai/061500





FITNESS GYM

UNIT NO. _____ REGISTRATION NO. _____
NAME: _____

PRIMARY MEMBER	SECONDARY MEMBER		SPECIAL MEMBER
<input type="checkbox"/> Registered Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Children	<input type="checkbox"/> Registered Tenant <input type="checkbox"/> Spouse <input type="checkbox"/> Children	<input type="checkbox"/> Non-Occupant/Assignee Endorsement _____ (Owner/Tenant) Fee: _____ OR No. _____	Applicable for Comm/Office Units <input type="checkbox"/> Group <input type="checkbox"/> Individual Fee: _____ OR No. _____

Telephone No./Cell Phone No.: _____
 Nationality: _____ Sex: _____
 Weight: _____ Height: _____
 Civil Status: _____ Birthdate: _____
 Physical Ailments/Problems: _____
 Immediate Medication: _____
 Person/Doctor to Notify in Case of Emergency _____
 Contact No.: _____ Sports/Interests/Hobbies: _____

WAIVER

With my signature, I certify that the above statements are true and correct, that I am physically and mentally fit to partake in all fitness and sports activities and will not hold the Condominium Corporation, its officers, employees and authorized representative responsible for any accidents or injuries that may occur during my stay/activity within the Fitness Gym.

(Date)

(Signature over Printed Name)

Approved By:

Property Manager

(Date)

Cc: Security & Safety Dept./gym instructor