



RFID ACCESS CARD APPLICATION FORM



DATE: _____

ACCESS CARD INFORMATION



OCCUPANCY:

- OWNER
- TENANT
- IMMEDIATE FAMILY MEMBER
- EMPLOYEE (HELPER/DRIVER/ BODY GUARD)
- REPRESENTATIVE

PURPOSE:

- NEW APPLICATION
- RENEWAL
- LOST CARD

REQUIREMENTS:

- NOTARIZED AFFIDAVIT OF LOSS
- LOST CARD REPLACEMENT FEE

OR NUMBER: _____

UNIT INFORMATION

TOWER:	UNIT NUMBER:	PARKING SLOT NO.:
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PERSONAL INFORMATION

LAST NAME:	FIRSTNAME:	MIDDLE NAME:
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HOME ADDRESS:	MOBILE NO:
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EMAIL ADDRESS:	TELEPHONE NUMBER:	DATE OF BIRTH:
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SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED/DIVORCED/WIDOW/ER	CITIZENSHIP:
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PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME:	CONTACT NO:	E-MAIL ADDRESS:
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TENANCY INFORMATION (FOR TENANTS ONLY)

DATE OF MOVE IN:	DATE OF MOVE OUT:	CONTRACT DURATION:
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I HEREBY CONFIRM THAT ALL INFORMATION STATED HEREIN IS TRUE AND CORRECT. I AGREE THAT FAILURE TO PRESENT THE CLAIM SLIP TOGETHER WITH THE OFFICIAL RECEIPT (OR) TO THE PROPERTY MANAGEMENT OFFICE SHALL FORFEIT MY APPLICATION AND PAYMENT.

(SIGNATURE)

NOTE: ALL INFORMATION STATED HEREIN SHALL BE KEPT CONFIDENTIAL BY THE CONDOMINIUM CORP. AND THE PROPERTY MANAGEMENT OFFICE.

OR NUMBER: _____

VERIFIED BY: _____

RELEASE FORM

UNIT NUMBER:	TOTAL NUMBER OF RELEASED RFID:	ADMIN ASSISTANT REMARKS:
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RELEASED BY: _____

RECEIVED BY: _____

CLAIM STUB

DATE APPLIED:	DATE RECEIVED:	UNIT NO:
NAME OF APPLICANT:		PROCESSED BY:

NOTE: THIS CLAIM SLIP SHALL BE SURRENDERED ONCE CARD IS AVAILABLE.