OHRWA – RESIDENT MOVE IN FORM

C	No.	
J.	IVO.	

Apply Date	Shifting Date	
Tower	Flat No.	
Tenant Name	Mobile No.	
Owner Name	Mobile No.	
Earlier Address		
(Moving from)		

	Move In	Proc	ess (Process to	be co	mpleted on	shifting date)
	Radius Balance on shifting day	INR				
Account Office	NoC available from Owner		YES		NO	
	RIF received with all document		YES		NO	
	NBH profile made docs uploaded		YES		NO	
(Officer Name)	Shifting charges paid		YES		NO	
	OHRWA NOC Approved (Yes/NO)					A/c sign & Stamp
Gata Socurity	Truck/Vehicle Number					
Gate Security	Truck/Vehicle Entered		YES		NO	
(CSO/SO Name)	Any damage on the way (details)			CSO/SO sign		
Tower Security	Truck/Vehicle details verified		YES		NO	
	Tenant Moved In to flat		YES		NO	
(Guard Name)	Any damage in tower (details)		YES		NO	Tower Security sign
Damage	Damage Assessment (if any)	INR				
Settlement (if any damage)	Damage Settlement Done		YES		NO	A/c sign

	Move In Ch	eck List (Activiti	es to be completed aft	er shifting date)
	RIF Form Verified & is complete	YES	NO	
Front Office	Intercom Activated	YES	NO	
	Car RFID Tags & Stickers Pasted	YES	NO	
	2-wheeler Stickers Pasted	YES	NO	
	All Club Cards Activated	YES	NO	
(Officer Name)	NBH Account Activated	YES	NO	
	RIF File updated and stored	YES	NO	Front Offi

Resident's Endorsement:

I, _____ agree to comply with the Move In process by obtaining NOC from Accounts & flat owner, and getting all society related accounts mentioned in checklist activated. I will take utmost care while shifting my stuff to avoid any damage to tower, lifts or common area. In case any damage while shifting, I will bear the cost of same and make online payment. In case the move-in process in not completed by me, security may with-hold movement of my truck/vehicle at my cost.

Resident's Signature

Form No: OHRWA/20-21/Process/2_Rev0

This document be retained by Tower security and to be handed over to A/c Office for further processing. Security to retain photocopy. Note: All fields are mandatory to be filled. Mention Not Applicable "(N/A)" in case any of facility is not availed by resident.

Please mail for this id :- "cam@ohrwa.in"

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