



FORM C1
MOVERS SERVICES

LETTER OF AUTHORISATION AND INDEMNITY
(TO BE COMPLETED BY RESIDENTS)

Dear Sir / Mdm,

LIVIA – MOVER SERVICES Move-in Move-out Bulky item(s) delivery only
 (Please tick accordingly)

BLK _____ PASIR RIS GROVE # _____

We hereby authorise our Mover, _____
 (Name of Mover)

of _____ to undertake the mover
 (Address and/or Telephone Number)

services at our above premises commencement from _____ to _____ (date)

_____ to _____ (time)

Note: This application is valid up to one month only.

We hereby confirm and undertake to procure that the Mover will abide by all the terms and conditions set out in the Handbook.

In consideration of you at our request permitting the Mover to have access to the above premises for the sole purpose of carrying out the mover services / works, we here by agree and undertake to keep you fully indemnified in respect of any claims, losses, liabilities or damages made against, suffered or incurred by you as a result of a breach by the mover, its sub-contractors, employees or agents, of any of the terms and conditions mentioned in the Handbook as a result of any of the services / works undertaken by the Mover for the said premises. (E.g., Providing Protective covers on common areas, etc.)

We further agree to indemnify you in respect of any claims, actions, proceedings, damage or costs brought against, incurred or suffered by you by reason of any breach whether by ourselves or the Move or its sub-contractors of the undertaking not to employ or permit or cause the employment of any illegal foreign workers to carry out any part of the mover services / works at the above premises.

Signature of Subsidiary Proprietor

Name & Contract No. of Signatory & Date



FORM C2

MOVER'S CONFIRMATION AND REGISTRATION FORM

(TO BE COMPLETED BY MOVERS)

BLK _____ PASIR RIS GROVE # _____ LIVIA

1) Mover's Particulars

Company : _____
 Address : _____
 Name of Supervisor : _____ Contact No. : _____
 NRIC No. : _____ Veh No./Type : _____

2) Confirmation

I/We hereby confirm to be appointed by the Subsidiary Proprietor of the above premises as his/her mover.

3) Deposit

I/We enclose herewith a crossed cheque no. _____ for S\$500.00 in favour of "MCST Plan No. 3798" being the deposit for the due observance and compliance of your guidelines and for mover services / works to the above premises.

4) Undertaking

I/We shall be fully responsible for any damages or dumping of carton / packaging / unwanted materials to the common property caused by myself / ourselves and/or by my/our personnel. Such damages or unwanted materials shall be made good/removed out of the estate to the satisfaction of the Management within **two (2) days**, failing which the Management shall have the rights to make good the damages or remove the unwanted materials and deduct the cost from me/us, otherwise the deposit is refundable to me/us, free of interest, upon completion of the services/works.

5) Indemnification

I/We shall effect adequate Workmen's Compensation Policy and Public Liability Policy and such other policies necessary for my/our above mover services / works during the entire period.

I/We undertake to indemnify and keep the Management fully indemnified against any damages, actions, claims, liabilities or proceedings arising from my/our execution of these services / works.

Ps: All movers are to access into the premises using "Pasir Ris Drive 1" entrance. Any mover's vehicle which is 2.2m in height or more will have to enter via the side gate at Pasir Ris Drive 1 and park their vehicle in front of the bin centre to unload the furniture. Do note that the width of the side gate is 3.25m.



6) Precautions

Only designated lift, staircases and areas are allowed for the transportation of furniture etc. We undertake not to cause any scratches / damages to any part of the lift's internal and external finishes, and all fittings and fixtures.

We further undertake not to store any furniture etc on any common areas but within the Subsidiary Proprietor's premises. I/We agree that the Management shall be under no liability in respect of any loses or damages caused to the premises for the whole duration of the services / works.

7) Workers Particulars

I/We hereby furnish the Management a list of my/our workers and their particulars:

S/N	Names of Workers	NRIC/Passport No.
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

I/We also undertake that we shall not at any time during the performance of any part of the services / works for the above premises employ or permit or cause the employment, whether by ourselves or any of our sub-contractors, of any illegal foreign workers at the above premises.

I/We hereby agree to indemnify The Management in respect of any claims, actions, proceedings, damage or costs brought against, incurred or suffered by The Management by reason of any breach on my/our part of the above undertaking.

Signature of Mover

Company's Stamp

Name of Mover

NRIC no.

Official Use	
Received By :	_____
Date :	_____

Refunded to:	
Name :	_____
NRIC no. :	_____
Date :	_____ Signature