

# **Cosmosview Estate**

## **MOVEMENT CONTROL FORM**

THIS FORM MUST BE SUBMITTED **48 HOURS** PRIOR TO RESIDENT MOVING IN OR OUT OF COSMOSVIEW ESTATE FOR VERIFICATION OF MOVE. NO VERIFICATION WILL BE DONE AFTER 5PM ON FRIDAYS. COPIES OF ALL RESIDENT'S ID/PASSPORT MUST ALSO BE SUBMITTED WITH THIS FORM. CAN WE KINDLY ASK THAT MOVEMENT TAKES PLACE DURING THE HOURS OF 8AM TO 7PM.

**PLEASE NOTE THAT THE MAXIMUM ALLOWED WEIGHT OF ALL VEHICLES ENTERING THE ESTATE IS 5 (FIVE) TONS. VEHICLES EXCEEDING THIS ALLOTMENT WILL NOT BE ALLOWED TO ENTER THE ESTATE.**

### **Owner/Agent Details**

#### **Registered Owner:**

Name: \_\_\_\_\_ Unit no: \_\_\_\_\_  
Tel (H): \_\_\_\_\_ Complex: \_\_\_\_\_  
Tel (W): \_\_\_\_\_ Cell no: \_\_\_\_\_  
E-mail: \_\_\_\_\_

#### **Accredited Rental Agent:**

Name: \_\_\_\_\_ Cell no: \_\_\_\_\_  
Tel (H): \_\_\_\_\_ Fax: \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
E-mail: \_\_\_\_\_

Owners Signature: \_\_\_\_\_ Rental Agent's signature: \_\_\_\_\_

### **Tenant Details**

Tenant: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Tel (H): \_\_\_\_\_ Cell no: \_\_\_\_\_  
Tel (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation date: \_\_\_\_\_

Written Authority to move in or out: Yes:  No:

Authorised by: Name: \_\_\_\_\_  
Tel: \_\_\_\_\_

Copy of Conduct Rules received \_\_\_\_\_ Tenant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Kindly submit completed forms to [info@aivproperties.co.za](mailto:info@aivproperties.co.za)

**Thank you for your assistance in this regard**