

THE ATRIUM OWNERS ASSOCIATION

(Registered with the Registrar of Societies, Chennai, Registration # 144 / 1999)

Move-In Form

Please fill in all the particulars and submit to the FM at least 3 days before Moving in

Apartment No : _____ Moving - In Date & Time: _____

Cheque No. of Deposit (Rs. 5000/): _____

Cheque No. of Charges (Rs. 3000/): _____

Moving In details

Name: _____ Status: Tenant / Owner

Number of Family members: _____

Name and Age of all family members:

1. _____ 2. _____

3. _____ 4. _____

Name & Age of Live in maid if any: _____

Details of Pets if any: _____

No. of 4 wheelers: _____ No. of 2 wheelers: _____

Registration Nos. of the vehicles: 1. _____ 2. _____

Allotted Parking Lot Number(s): _____

Previous/Permanent Residential Address:

City: _____ Pin: _____ Ph no _____

Email-Id: _____

Office Name /Address/Ph no: _____

Residents Signature

Treasurer's Signature