

Guild Apartments - Move Indemnity Form

| Apartment No: | Move Type: ☐ In | ☐ Out I | ☐ Furniture Delivery |
|---|---|---|--|
| Move Date: | Approved Start Time: | | Approved End Time: |
| designed to provide you with the did not cause, and to ensure de | via guildbm@micm.com.au ne assurance that you will r etection and rectification of | prior to any ot be held a any accider | emnity Form and hand it to the move or delivery occurring. It is accountable for any damages that you ntal damage. Damage caused to e Removalist of the resident, or the |
| The Removalist I / We: | From, (com | oany): | |
| Address: | | | Contact Number: |
| Insurance Company: | | | Policy No.: |
| The Resident I / We: | | | |
| Of Address: | | | Contact Number: |
| | eimburse the Owners Corp on any common area surfa ons. | oration of G ce or item w | uild Apartments any expense incurred which may be damaged or marked by |
| Items must be loaded in entrances of the buildin No rubbish, paper, boxe the floors of the garbag The directions of the Building Manager of lift and hallway corners Floor Inspection Report is required. Failure to reare or any part of Guilding Garbanes | with no exceptions. Into the lift that has been looking, in the foyers, or blocking es, packing materials or both the chute rooms. All hard was uilding Manager must always or representative will conduct (FIR). Should you disagre espond immediately will res | cked off for y lifts, hallwa ttles can be ste must be ste must be ste followe ct an inspect d following the e with the as oult in all furt very compa | left in the corridors, fire stairs or on removed at the resident's expense. |
| Removalist's Name: | Signa | ture: | Date: |
| Resident's Name | Signa | hure. | Nate: |



Guild Apartments - Property / Floor Inspection Report (FIR)

| ding Staff | f: | Date: | Ti | Time: | |
|--------------------------------------|--|------------------------------------|------------------------------------|-----------------|--|
| Area | Item | Condition at start of move | Condition at end of move | Action Required | |
| oading | Gate | | | | |
| | Lights | | | | |
| | Floor surfaces | | | | |
| | Hydrants & Hoses | | | | |
| ınd Level | Glass Entry Doors | | | | |
| Wall: Mirro Blacc Ceili Skirt Lift D | Floors (tiled) | | | | |
| | Walls (plaster) | | | | |
| | Mirror Wall | | | | |
| | Black Doors | | | | |
| | Ceiling & Ceiling Lights | | | | |
| | Skirting | | | | |
| | Lift Doors (external) & Metal Surrounds | | | | |
| Lift | Lift Doors (internal) | | | | |
| | Walls (timber) | | | | |
| | Mirror | | | | |
| Flo Cei Hai | Lights | | | | |
| | Floor (carpet) | | | | |
| | Ceiling | | | | |
| | Handrails | | | | |
| | Control Panel | | | | |
| | Lift Doors, external | | | | |
| | Lift entry corners (plaster) | | | | |
| | Hallway corners (plaster) | | | | |
| | All Black Doors | | | | |
| | Floors (carpet) | | | | |
| | Walls | | | | |
| | Skirting | | | | |
| | Ceiling | | | | |
| | Lights | | | | |
| | Bin Chute Room | | | | |
| | | | | | |
| | Extinguishers | | | | |
| | Apartment Door & Surrounds | | | | |
| Apartment | Oil Stains | | | | |
| r Space | | CC = Clean and Clear | NM = New Marks | | |
| | INSPECTION CODES | ND = No Damage EM = Existing Marks | NR = Needs Repa WO = Working Or | | |
| eral Com | ments: | | | | |
| ovalist's | Name: | Signature: | | Date: | |
| | | | | | |