

Use of Cargo and Service Lift for Bulk Movements

To: Ascendas Services Pte. Ltd.

We seek your approval for the use of the cargo/service lift on the date, time and location specified below:
Purpose of using the cargo/service lift:

Fitting Out Reinstatement Others: _____

Types of items to be loaded in the cargo lift:

Furniture Goods Equipment Others: _____

Name of mover and contractor(s):

Floor level:

From

to

Date:

Time:

From

to

On behalf of the Tenant, I agree to place protective coverings over all surfaces of the lift, lift lobby and corridors where required, and avoid causing any obstruction in the lift and at the bay area at all times.

Authorised Signatory for Tenant's Contractor & Company Stamp

Name and Designation of Authorised Signatory

Tenant's Name and Unit Number

Date

FOR OFFICIAL USE

To:

Your request to use the cargo/service lift no. _____ at the date and time specified above has been approved. Please inform and register with the duty officer before you use the lift.

Signature

Name and Designation of Signatory

Date

Managed by

