



AUTHORIZATION FORM

I am authorizing my guest(s) to stay in my unit. Details are as follows:

A. PERSONAL INFORMATION OF GUEST(S)

Name: _____
Permanent Address: _____
Age: _____
Relation to Unit Owner: _____
Nationality: _____
Occupation: _____
E-mail Address: _____
Contact Number: _____

B. UNIT OWNER CONTACT DETAILS

- Unit Number/ Section _____
- Name of Owner _____
- Contact Numbers _____

C. LENGTH OF STAY

- Inclusive Dates _____ - _____
- Purpose of Stay _____

I/we hereby agree that, if upon investigation it has been determined that I/We are engaged in leasing out the unit for a period of less than six (6) months, no other authorization form for the occupancy of the unit shall be honored by the condominium corporation until after the lapse of six (6) months from issuance of the original authorization. This is without prejudice to penalties which may be imposed upon me/ us for violation of the rule against Short Term Leases.

I/we also hereby agree to ensure that our guest(s) complies/comply with all the applicable House Rules/By-Laws/Master Deed of Two Serendra, especially on the following:

• **The occupancy of the unit is not a result of a Short Term Lease, i.e., a lease for a period of less than six (6) months, nor will it violate any rule against such leases.**

- **Moving In and Out** shall only be allowed between 8:00AM to 5:00PM Mondays to Fridays and 8:00am – 12:00nn on Saturdays (except Holidays). A duly signed Delivery Permit and/or Building Property Pass by the Property Manager will be submitted for signature.”
- **Use of Facilities** shall be limited only to the use of the Children’s Playground, Swimming Pool and Social Halls. In using such facilities, guests must be at all times accompanied by the Unit Owner. Guests are PROHIBITED from using the Gym Rooms.

I/We also hereby agree that I am/we are fully responsible for any liability caused by my/our guest’s violation of the House Rules/By-Laws/Master Deed.” **I/We furthermore acknowledge that any false information provided herein may subject me/us to criminal liability.**

I/we likewise authorize Two Serendra Administration to share the above information for legitimate administration purposes, including but not limited to accounting, finance, concierge, and housekeeping.

The information contained in this form is confidential and shall be used exclusively for the above-stated purposes. Under no circumstance shall Two Serendra/SCC be liable for any illegal or unauthorized use of the information contained herein

Unit Owner:

Signature over Printed Name

Guest:

Signature over Printed Name

Checked by:

Administration Assistant

Approved by:

Property Manager