

CAMPUS HOUSING NO DUES CLEARANCE FORM

Member Name	
Member Code	
Unit Number	
Member's Last Working Date	
Date of Vacating of Unit (DD/MM/YYYY)	

To Be Filled by Campus Housing Estate Manager

Unit Inspection Date			
Unit Inspected By			
Electricity balance payment	Yes / No	If Yes, mention the amount:	
DTH related payment due	Yes / No	If Yes, mention the amount:	
CH IT Clearance	Yes / No	If No, please specify	
All Keys Returned	Yes / No		
Furniture* (Please enclose the list of furniture along with status)			
Furniture Returned	Yes / No	If No, Cost of furniture:	
Furniture Condition	Good / Damaged	If damaged, cost of repair:	If not repairable, depreciated cost of furniture :
Appliances* (Please enclose the list of appliances along with status)			
Appliances Returned	Yes / No	If No, Cost of appliance(s)	
Appliances Condition	Good / Damaged	If damaged, cost of repair:	If not repairable, depreciated cost of appliances:
Remarks:			
Name of the Estate Manager, CH:		Signature & Date :	
Member Name		Member Signature & Date:	