



The Management Office  
35 Tan Kim Cheng Road #B1-12 Singapore 266637  
Tel (+65) 64630654  
[thesiena.management@gmail.com](mailto:thesiena.management@gmail.com)

## **AUTHORISATION LETTER FOR UNIT HOUSING AGENT**

***\*FOR OWNER'S USE ONLY***

Name of applicant: \_\_\_\_\_ Unit: \_\_\_\_\_ HP: \_\_\_\_\_

Home: \_\_\_\_\_

- I authorize \_\_\_\_\_ (Name), NRIC No. \_\_\_\_\_ as my unit(s) housing agent for the use of my unit's access card(s) with respect to the following terms and conditions:

***\*FOR AUTHORIZED AGENT***

	Purpose of visit	Date	Time
a.	Unit Inspection with FEO CSO		
b.	Viewing with client		
c.	Delivery of furniture		
d.	Renovation on behalf of owner		

**NOTES OF UNDERTAKING:**

- a.) I / We shall be responsible for the conduct and behavior of my housing agent(s) and his/her guest.
- b.) My / Our housing agent(s) will not loiter around the estate to prospect any potential client.
- c.) My / Our housing agent(s) will not drop any flyers / pamphlets / documents into the mail box without the approval from the Management.
- d.) My / Our housing agent(s) will need to book in / out at the guard house.
- e.) My / Our housing agent(s) will only be allowed to enter the premises provided that he/she is meeting any potential tenant / buyer of the unit that he/she is authorized to do so.
- f.) I / We understand that the Management reserves the right to prohibit the entry of my / our housing agent(s) if he/she fails to bring along the authorization letter for the particular unit.
- g.) I / We understand that if the housing agent (s) caused any damages to the common properties, the Management reserves the right to recover all damages from me / us;
- h.) Management reserves the right to bar entry for agents who fail to comply with the rules & conditions in spite of verbal advice.
- i.) Letter of Authorization is valid for 3 months and/or tenancy signed whichever is earlier.
- j.) Authorized agents are allowed to enter the estate for the above mentioned Purpose Of Visit. Upon the completion of their task the authorized agents are advised to leave the estate.



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**I declare that all particulars given by me are true and correct and I have read and agree to abide by all the above terms and conditions governing the use of access card(s) at The Siena.**

\_\_\_\_\_  
Name/Signature of Owner

\_\_\_\_\_  
Company Stamp (if applicable)

\_\_\_\_\_  
Date