



# Check-in Accommodation rented by PSUAD

## PSUAD OCCUPANT

Name:

Position:

Occupation Starting:

Maintenance to be Done:

## ACCOMODATION LOCATION:

## CHECK IN BY PSUAD REPRESENTATIVE

Name:

Position:

Agency:

## MAINTENANCE TO BE DONE PREVIOUS TO THE OCCUPATION (IF ANY):

## DOCUMENTS PROVIDED

Contract/Lease Offer:

Landlord Passport Copy:

Site Plan:

Agency Coordinates:

Power of Attorney:

Rep. Passport copy:

NB: In case of any damages, the occupant upon leaving Sorbonne or the flat itself moving to another one will be responsible of the reparation and maintenance fees.

## COMMENTS

## PARTS (FURNITURE, ELECTRICAL EQUIPMENT, REMOTES, IF ANY)

Date and Number of Keys Provided:

### PSUAD Representative

Name:

Position:

Date:

Signature:

### PSUAD Occupant

Name:

Position:

Date:

Signature:

### Landlord Representative

Name:

Position:

Date:

Signature: