

IMPORTANT: This form is to be filled out by an authorized representative of the company to instruct building security in controlling access to your premises by individuals who are not directly related to your company. This form should also be completed and submitted with the "Tenant Contact Information Form".

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| Company name: | | Suite No: |
| Tenant representative first and last name: | | Title: |
| Telephone: | Email address: | |
| Signature: | Date submitted dd-mm-yyyy: | |

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| First and last name: | Title: |
| Company name: | Signature: |
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| First and last name: | Title: |
| Company name: | Signature: |
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| First and last name: | Title: |
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| Company name: | Signature: |
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| First and last name: | Title: |
| Company name: | Signature: |
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| First and last name: | Title: |
| Company name: | Signature: |
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This section of the form is to be completed by the management office.

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| Received by: | Date dd-mm-yyyy: | Time: |
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| QuadReal Property Group (your contact information here) |
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