

RCBC PLAZA
PROPERTY MANAGEMENT OFFICE



Security Department BLANKET GATE PASS FOR REGULAR DELIVERY

Name of Requester : Company Name: :	Date of Request : Position: :
Floor/Tower :	Contact No.: :
Supplier's Company Name:	
Items to be delivered:	
Schedule of Deliveries:	
Authorized Access Area/s:	
Validity Period:	
List of Supplier's Personnel authorized to access tenant's premises:	
1	-
2	
3	
4	
5	
Vehicle Details	
Vehicle 1:	Vehicle 2:
Make and Model :	Make and Model :
Diata No.	Diato No.
Special Instruction/s:	
Terms and Conditions: 1. This Blanket Gate Pass Form may only cover tenants' regular deliveries by an authorized supplier which include drinking water, office supplies, food caterers/providers, but excludes deliveries of controlled materials.	
1. Once approved, this document is valid only on the validity period indicated above by the Requesting Party.	
2. Any approved request is non-assignable or non-transferrable, otherwise the same may be cancelled at PMO's discretion.	
3. The Authorized Supplier and its authorized personnel should at all times bear and present a copy of this approved blanket gate	
pass together with the applicable Delivery Receipt upon entry into the building premises and while in the tenant's authorized access area/s. In case of failure to produce this approved form to PMO personnel upon demand, the latter reserves the right to prohibit access into the building until the approved form is presented.	
4. Supplier's authorized personnel should at all times abide by the pertinent Property Management guidelines.	
5. The Requesting Party (Tenant) shall be responsible in formally notifying the Property Management Office of any changes to the information provided in the approved form that may take place within the indicated validity period.	
Disclaimer	
The RCBC Plaza Property Management Office shall be held free and harmless from any claims, liens or obligations in case of losses and damages arising from forgery and other similar cases.	
Tenant's Authorized Signatory	RCBC Plaza PMO Authorized Signatory Name:
Name: Position:	Position
Signature:	Signature
Date:	Date:
	Remarks: