

MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2696
ROSEVILLE

APPLICATION OF ACCESS CARD

SECTION I : TO BE COMPLETED BY APPLICANT

Name: _____ (Owner / Tenant)*

Unit No.: _____ Contact: _____ (H) _____ (HP)

I enclosed my cheque no. _____ of S\$ _____ being payment of the _____ nos. of access card(s). Receipt will not be issued.

Cheque made payable to: 'MCST Plan No.2696'

Note:

- 1. Each access card will cost \$50.00**
- 2. Replacement of lost cards should be accompanied with a police report**
- 3. Residents are to be advised to keep a record of the individual serial number of the access card.**

I declare that all particulars given by me are true and correct. I have read and agreed to abide by the terms and conditions governing the application of access card at Rose Ville.

By signing this application form I/we expressly give consent to the management collecting, using & disclosing personal data provided in the form for the purposes of estate management and future communication related to this estate.

Signature: _____ Company Stamp: _____ Date: _____

SECTION II : OWNER'S VERIFICATION

I / We* _____ owner of unit _____ confirmed that the above applicant is / are my tenant from _____ to _____

SECTION III: FOR OFFICIAL USE

Fee payable (\$50/-) per Access Card. Cheque No. _____ Bank: _____

Access Card S/No. _____ *New / Replacement / Lost

Total number of Access Cards issued to-date: _____ Date issued: _____

Issued by: _____ Signature: _____