

EAST COAST RESIDENCES
MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 3688

RESIDENTS REGISTRATION

Name of *Owner/Tenant: _____ Unit: _____
(Tenant must seek owner's signature as provided below or submit a copy of the tenancy agreement)
** Please delete if not applicable.*

Tel: _____ (R) _____ (HP) _____ (O) Fax: _____

Email: _____

Particulars of Occupants:

Name of Occupant (include name of owner & tenant)	Contact no. (In case of emergency)

Name of Person Completing Form: _____

Signature: _____ Date: _____

NOTE:

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

Verification By Owner (if unit is tenanted):

- Yes, above is our tenant and information given is correct.
- No, above is not our tenant.

Owner's Name: _____ Contact No.: _____

Owner's Signature: _____ Date : _____