



MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2871

RESIDENTS REGISTRATION

Name of Owner/Tenant: _____ Unit: _____

(Tenant must seek owner’s signature for the form as provided below)

(Foreigner must furnish a certified true copy of work permit or passport)

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

Email: _____

Particulars of Occupants:

Name of Occupant (include name of owner & tenant)	Vehicle No.	Contact No.	Email

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

Name of Person Completing Form: _____

Signature: _____ Date: _____

Verification By Owner (if unit is tenanted):

Yes, above is our tenant and information given is correct.

No, above is not our tenant.

Signature of Owner _____ Date : _____

Name of Signatory _____

FOR OFFICIAL USE

Updated By: _____

Date: _____