

SPRINGVALE

MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2145

RESIDENTS REGISTRATION & INTERCOM NUMBER

Name of Owner/Tenant: _____ Unit: _____

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

Contact nos. : (H) _____ (HP) _____

Email: _____

Contact no. for intercoms : 1st line: _____ 2nd line: _____
(Telephone no. is acceptable)

Name of Occupant (include name of owner & tenant)	Relation to Owner

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.

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.

Name of Owner: _____ Date : _____

Signature: _____

FOR OFFICIAL USE

Approved By: _____ Date: _____