

Residence

8

MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2269

APPLICATION FOR ACCESS CARD & REMOTE CONTROL

I/We* wish to apply for Access Card (_____ no/s)
 Remote Control (_____ no/s)

Name of Applicant(s) : _____ (Owner / Tenant)*
(This form must be signed by owner at Section D if applicant is/are a tenant)

Unit No. _____ Email : _____

Contact No. (H) _____ (HP) _____ (Fax) _____

Section A : Access Card

<p>I / We* agreed to pay \$60/- for a new access card applied. (Full payment to be accompanied with this application).</p> <p>_____</p> <p>Applicant Signature / Date</p>	<p>For Official Use:</p> <p>Card No. _____</p> <p>Issued By : _____</p> <p>Total cards issued to-date: _____</p> <p>Date : _____</p>
---	--

Section B : Remote Control (Additional / Replacement)*

<p>I / We* agreed to pay \$100/- for Additional / Replacement * of remote control applied. (Full payment to be accompanied with this application)</p> <p>_____</p> <p>Applicant Signature / Date</p>	<p>For Official Use:</p> <p>Remote Control (No.) : _____</p> <p>Issue By : _____</p> <p>Date : _____</p>
--	--

Section C : Owner's Verification

<p>I / We* _____ owner of unit no. _____</p> <p>confirmed that the above applicant is/are* my tenant from _____ to _____</p> <p>_____</p> <p>Signature & Date</p>

*Delete where applicable

By signing this application form you 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.

NOTES

1. Cheque to be crossed and payable to "The MCST Plan No. 2269"
2. Declaration Letter/Police Report is required for any loss of access card or remote control.