

**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 : \_\_\_\_\_