



Metro Parking (M) Sdn Bhd

(Company No: 213264-U)

(A Member of Damansara Realty Berhad Group Of Companies)
Suite 10.2, Level 10, Wisma Chase Perdana, Off Jalan Semantan,
Damansara Heights, 50490 Kuala Lumpur, Malaysia.
Tel: 03-2081 2777 Fax: 03-2081 2778, 03-2081 2779

Website: www.metro-parking.com

Customer Service: customerservice@metro-parking.com / seasonjb@metro-parking.com

Branches:- Johor Tel: +607-244 9090 Fax: +609-513 0017
Kuantan Tel: +609-513 0007 Fax: +604-236 6190
Penang Tel: +604-236 6190 Fax: +604-236 6193
Labuan Tel: +6087-412 292

SST ID : W-180831015861

☐ Tenant
☐ Non-Tenant

☐ Reserved
☐ Non-Reserved

☒ Personal
☐ Company

☐ Temporary _____ month

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

Maklumat ini dilindungi di bawah
Akta Perlindungan Data Peribadi

1. Account Name

HARYATI BINTI BRAHIM

2. NRIC No.

741103-015490

3. Company Name

011-63672645

4. Contact Person

5. Correspondence/Office Address

6. Home Address

NO: 07 PERJIRANAN I C TMN
AIR BILU 81700 P. GURANG

7. Contact Details.

-Office No

-H/Phone No

-House No

-E-Mail Add.

8. Car Registration No.

1) SML 245

2)

DETAILS ON PAYMENT

I/We attach here with payment by way of cash / cheque to the value of RM _____ - _____ for the following:-

1. _____ Number of month _____

Number of access(s)/sticker(s) at RM RM150 - 00 per month.

2. _____ (No.) access card(s) at RM _____ - _____

per card issued to me; or

3. _____ (No.) sticker(s) at RM _____

per sticker issued to me.

DECLARATION

Please note that one month written notice is required for cancellation of parking lot(s), if you fail to give notice of termination, a six (6) month grace period is given for you to submit full document to claim your deposit Failing which the company have the right to forfeit your:

☒ 1 months deposit + 1 month rental

I have read the terms and condition on the reverse page and I agree to be bound by them.

Signature of Applicant

Designation

Date

Company Stamp & Sign
(If paid by company)

FOR TENANT CONFIRMATION PURPOSE ONLY

Name

Designation

Date

Building Owner / Manager
Stamp & Sign

FOR OFFICE USE ONLY (AREA MANAGER/AREA SUPERVISOR/SEASON STAFF)

SITE: Approved By :

Date: _____

OFFICE: Approved By :

Date: _____