



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



CAR PARK :
ACCOUNT NO. :
ACCESS CARD/ :
STICKER NO. :
RECEIPT NO. :
EFFECTIVE :
APPROVED :

- ☒ Tenant ☐ Reserved ☐ Personal
☐ Non-Tenant ☐ Non-Reserved ☐ Company ☐ Temporary ___ month

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

- Account Name : SHEELLEZA BINTI MOHAMMAD
- NRIC No. : 690909-01-5636
- Company Name : DE CEE2 COLLECTIOMS
- Contact Person : SHEELLEZA BINTI MOHAMMAD
- Correspondence/Office Address : 31 JALAN AMAN
KUALA MELAYU MAJIDEH
81100 JOHOR BARU
- Home Address : Lot 111 Tingkat 1
Pasar Awam Larkin
Larkin Central
Johor Bahru
- Contact Details.
 - Office No : - Ext :
 - H/Phone No : 011-2171831
 - House No :
 - E/Mail Add. : sheelleza.mohammad@gmail.com
- Car Registration No. : a JUK 9991 b

DETAILS ON PAYMENT

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

- Number of month - Number of access(s)/sticker(s) at RM - per month.
- (No.) access card(s) at RM - per card as security deposit for any access card(s) issued to me; or
- (No.) sticker(s) at RM - per sticker as security deposit for any sticker(s) issued to me.

DECLARATION

Please note that one month's written notice is required for cancellation of parking lot(s), failing which the Company have the right to forfeit your:

- ☒ 2 months deposit + 1 month rental + card deposit
☐ 1 months deposit + 1 month rental + card deposit

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

Signature of Applicant

Designation : MANAGER

Date : 13-05-2025

Company Chop & Sign
(If paid by company)

FOR TENANT CONFIRMATION PURPOSE ONLY

Name : SYED AHMAD AFIQ BIN S MD ZAIN

Designation : HEAD OF OPERATION

Date : 19-05-2025

Building Owner / Manager
Chop & Sign

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

SITE: Approved By : _____

Date: _____

OFFICE: Approved By : _____

Date: _____