



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

FOR OFFICE USE ONLY

CAR PARK :

ACCOUNT NO. :

ACCESS CARD/

STICKER NO. :

RECEIPT NO. :

EFFECTIVE :

APPROVED :

☐ Tenant
☐ Non-Tenant

☐ Reserved
☐ Non-Reserved

☐ Personal
☐ Company

☐ Temporary _____ month

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

1. Account Name

NUR ALEA BINTI ABDEL
MALAL

2. NRIC No

031003-01-0434

3. Company Name

DAMANSARA ASSETS SDN BHD

4. Contact Person

011-39666604

5. Correspondence/Office Address

BILIK AWAKAN POLIS BANTUAN
TERMINAL LARIN SENTRAL

6. Home Address

BLOK A03-01 JALAN CANTIK
TAMAN PELANGI INDAH

7. Contact Details

-Office No

03-2679998

-H/Phone No

011-39666604

-House No

-E/Mail Add

nuralea0310@damas.com

8. Car Registration No.

a. 7UL 724 b. W1904W

DETAILS ON PAYMENT

(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) _____ per month at RM _____

2. _____ (No.) access card(s) at RM _____ per card as security deposit for any access card(s) issued to me; or

3. _____ (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

Date

Company Chop & Sign
(If paid by company)

FOR TENANT CONFIRMATION PURPOSE ONLY

Name

SYED AHMAD AFIQ BIN S MD ZAIN
HEAD OF OPERATION
LARKIN SENTRAL PROPERTY BERHAD

Designation

Date

Building Owner / Manager
Chop & Sign

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

SITE: Approved By:

Date: _____

OFFICE: Approved By:

Date: _____