

MA	TINDAKAN
PEGAJAI	SILA BINCANG
	SEDIAKAN MAKLUM BALAS
	MAKLUMAN
	SILA WAKIL
	SEGERAKAN
KORPORAT	FAILKAN
	REKOD UNTUK EDARAN
ON BHD	TINDAKAN
INT SDN	PENYEDIAAN PERAKSIAN
SDN BHD	LAFORAN

ing (M) Sdn Bhd

Company No: 213264-U)
 a Realty Berhad Group Of Companies)
 na Chase Perdana, Off Jalan Semantan,
 s, 50490 Kuala Lumpur, Malaysia.
 Fax: 03-2081 2778, 03-2081 2779
 www.metro-parking.com
 metro-parking.com / season@metro-parking.com
 +607-244 9090
 +609-513 0007 Fax: +609-513 0017
 +604-236 6190 Fax: +604-236 6193
 +6087-412 292

W-180831015861

Reserved ☒ Personal
 Non-Reserved ☐ Company ☐ Temporary ____ month

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

FOR OFFICE USE ONLY

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

ERIC No.

Company Name

Contact Person

Correspondence/Office Address

Home Address

Contact Details.

-Office No

-H/Phone No

-House No

-E-Mail Add.

Car Registration No.

ON PAYMENT

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 issued to me; or
 (No.) sticker(s) at RM per sticker issued to me.

DECLARATION

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

months deposit + 1 month rental

I read the terms and condition on the reverse page and I agree to be y them.

Signature of Applicant

Position

Stamp & Sign

(company)

FOR TENANT CONFIRMATION PURPOSE ONLY

Name :
 Designation :
 Date :

04.09.25
 SYED AHMAD AFIQ BIN S MO ZAIN
 HEAD OF OPERATION
 LARKIN SENTRAL PROPERTY BERHAD

Building Owner / Manager

Stamp & Sign

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

Approved By :

Date:

Season until allocation season
 OFFICE: Approved By :

Date: