



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

Kuantan Tel: +609-513 0007 Fax: +609-513 0017

Penang Tel: +604-236 6190 Fax: +604-236 6193

Labuan Tel: +6087-412 292

SST ID : W-180831015861

FOR OFFICE USE ONLY

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)

1. Account Name	:	N O O R A I N A S U H A I L A B I N T I A N U A R
2. NRIC No.	:	9 4 1 2 2 1 - 0 5 - 5 3 5 0
3. Company Name	:	J L G I N V E S T M E N T H O L D I N G
4. Contact Person	:	
5. Correspondence/Office Address	:	
6. Home Address	:	
7. Contact Details.		
-Office No	:	- - - - - Ext : - - - - -
-H/Phone No	:	0 1 8 - 3 1 1 5 1 2 3
-House No	:	- - - - -
-E-Mail Add.	:	a i n a . a n u a r @ j l a n d g r o u p . c o m . m y .
8. Car Registration No.	:	1) K F A 1 1 7 4 / - - - - - 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 - 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 : *[Signature]*

Designation : DEPUTY MANAGER

Date : 17 - 09 - 2025

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: - - - - -