



Aug 04, 2025

JSH/HRM/MP/008/2025

The Manager
JLG Metro Sdn Bhd
No.33, Jalan Aliff 4
Taman Damansara Aliff
81200 Johor Bahru
Johor.

Dear Sir/Madam,

JLG METRO ACCESS CARD AT JOHOR SPECIALIST HOSPITAL

We refer to the above matter. Kindly do the necessary action for below details;

NO	NAME	DESIGNATION	STATUS	DEDUCTION	CAR REGISTRATION NO
1.	Seri Binti Sharudin	Clinical	New	RM50	JPX2022/ JWQ7877

We enclose the receipt of the payment deposit card for your further action.

Thank you.

Yours sincerely,
JOHOR SPECIALIST HOSPITAL


NURUL NADIAH MOHD NOR
Head of HRM
Human Resources Management



Maybank

Third Party Transfer

Successful

Reference ID

552543306M

4 Aug 2025, 3:43 PM

Beneficiary name

JLG METRO SDN. BHD.

Beneficiary account number

0010 1125 4628

Recipient reference

Deposit

Payment details

Sessional parking

Amount

RM 50.00



Note: This receipt is computer generated and no signature is



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

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

FOR OFFICE USE ONLY

CAR PARK :

ACCOUNT NO. :

ACCESS CARD/ :

STICKER NO.

RECEIPT NO. :

EFFECTIVE :

APPROVED :

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

Maklumat ini dilindungi di bawah
Akta Perlindungan Data Peribadi

- Account Name : **S E R I B I N T I S H A R U D I N**
- NRIC No. : **9 1 0 1 2 0 - 0 1 - 5 1 9 8**
- Company Name :
- Contact Person : **0 1 1 - 2 5 8 1 3 7 2 5**
- Correspondence/Office Address : **3 9 B , J A L A N A B D U L S A M A D .**
- Home Address : **N O 1 0 0 , L O R O N G 5 , L U R A H 1 6 , K G
M E L A Y U S E R I K E M P A S B A R U**
- Contact Details.
 - Office No : - Ext :
 - H/Phone No : **0 1 1 - 2 5 8 1 3 7 2 5**
 - House No :
 - E-Mail Add. :
- Car Registration No. :
 - 1) **J P X 2 0 2 2** /
 - 2) **J W Q 7 8 7 7** /

DETAILS ON PAYMENT

I/We attach here with payment by way of cash / cheque to the value of RM **50** - **00** 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

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 : **C L I N I C A L**

Date : **0 4 - 0 8 - 2 0 2 5**

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: