



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



- ☒ 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)

- Account Name : NORFATI ABU BAKAR
- NRIC No. : 780198-01-6646
- Company Name : RTS LINK OPERATIONS
- Contact Person :
- Correspondence/Office Address : LEVEL 14, MENARA JLAND
- Home Address : NO 14 JALAN TIRAM 1/22, BANDAR TIRAM, 81800
- Contact Details.
 - Office No :
 - H/Phone No : 019-2778473
 - House No :
 - E/Mail Add. :
- Car Registration No. : a 30K 2473 b WYX 6985

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 : SM

Date : 07-05-2026

Company Chop & Sign
(If paid by company) :

FOR TENANT CONFIRMATION PURPOSE ONLY

Name : SHAHRA AZMIL

Designation : LEADING AGENT

Date : 07-05-2026

Building Owner / Manager
Chop & Sign :



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

SITE: Approved By : _____

Date: _____

OFFICE: Approved By : _____

Date: _____