



Metro Parking (M) Sdn Bhd (Company No.: 213264-U)
 33, Jalan Aliff 4, Taman Damansara Aliff, 81200 Johor Bahru.
 Tel: 07-244 9090 Email: seasonjb@metro-parking.com
 SST ID: W10-1808-31015861



SSP2

MULTIPURPOSE FORM

☒ **Termination**
 (section 1, 2, 4 & 5)

☐ **Hold**
 (section 1, 2 & 4)

☐ **Update**
 (section 1, 2 & 3)

Section 1 [Compulsory]

Car Park MOTORCYCLE Account No.
 Car Registration No. B R B 2 6 6 0 / V G X 3 6 7 6 Access Card / Sticker No.

Section 2 [Compulsory]

NRIC / PASSPORT 9 6 1 1 0 3 2 3 5 0 2 5 COMPANY NO.
 Full Name M U H A M M A D F A R I Z B I N Z A H A R I N
 Gender ☒ Male ☐ Female Marital Status: ☐ Single ☒ Married
 Correspondence Address F - 5 - 1 4 , T A M A N E H S A N J A Y A , R U M A H P A N G S A S R I O R K I D , J A L A N E J 8 / 2
 Post Code 8 1 1 0 0 City J O H O R B A R U State J O H O R
 Contact No. H/P 0 1 3 - 3 8 6 3 2 4 7 (H)
 (O) (F)
 E-mail Address F A R I Z . Z A H A R I N @ J L A N D G R O U P . C O M . M Y

Section 3 [Customer Information Update]

Request to Change: Effective Date :
☐ New Car Park
☐ Vehicle No.

Section 4 [Suspension or Termination Section]

****For temporary suspension, maximum days for each request is 60 DAYS ONLY.**

Reason Suspension ☐ Maternity ☐ Outstation ☐ Transfer ☒ Others: RESIGN
 Effective Date : 0 5 / 0 6 / 2 0 2 6 to

Section 5 [Refundable Deposit]

Choice of mode of payment ☒ Cash (Applicable to Johor Only) ☐ Cheque ☒ Cash Transfer
 Account number : 1 4 1 6 2 0 2 8 2 1 6 5 2 4 Bank Bank Islam

Declarations

I/we hereby declare the above informations are correct.

 Signature & Company Stamp
 Date 0 3 / 0 6 / 2 0 2 6
 (Please attach photocopy of I/C and Company Stamp for information only)

Rate Our Service:

☒ Excellent
☐ Good
☐ Average
☐ Poor

FOR OFFICE USE

Requestor Status

☐ Active ☐ Privilege ☐ Co's Groups ☐ New Account No.
☐ In-active ☐ Corporate

Locking Update

Date Locked Re-activation date
 By: By:

Access Card / Sticker Update

Access Card / Sticker Status: ☐ Returned ☐ Not returned ☐ Head Quarters ☐ By (Authorised Person):
☐ Lost ☐ Damaged ☐ Site Office Date Received

Replacement Card:

☐ No ☐ Yes ☐ New Card Receipt No.: RM:

Deposit Status

☐ Refunded ☐ Not Refunded
 Deposit (RM) :
 Advance Fees (RM) :
 Penalties (If Any) :
 Total Refund :

Refund Information

☐ Cash ☐ Cheque ☐ Cash Transfer
 Ref Bank
 Ref RD

Authorised P.I.C.