



Metro Parking (M) Sdn. Bhd.

(Company No. 213264-U)

No. 0654

ACC. No.

APPLICATION FOR SEASON PARKING

(Please fill this form in block letter)

COMPANY ACCOUNT (Tenant ☐ / Non-tenant ☐ Car Park: _____)

1. Company Name : _____
2. Office Address : _____ Post Code : _____
3. Office Tel No. : _____ Ext No. : _____ Fax No : _____
4. Contact Person : _____
5. Car Registration No : a) _____ / _____ c) _____ / _____
b) _____ / _____ d) _____ / _____
6. Commencement Date : _____ / _____ / _____

PERSONAL ACCOUNT (Tenant ☐ / Non-Tenant ☐ Car Park: _____)

1. Name : HEMA YAMINI DEVI (sessionals doctor)
2. Company Name : GEH, KPJ
3. Office Address : HOSPITAL QUEEN ELIZABETH, 13A JALAN
PENAMPANG Post Code: 88200
4. Office Tel No. : _____ Ext No. : _____ Fax No : _____
5. House Address : 8B, CRISTA BLOCK, THE COLONNADES, JALAN KEBAJIKAN
Post Code: 88300
6. House Tel No. : 0126122744
7. Car Registration No : a) AHY 8118 / NBT 7102
8. Commencement Date : _____ / _____ / _____

I/We have read the terms and conditions overleaf and I/we agree to be bound by them.

Signature of Applicant / Authorised Officer: _____ Designation: Doctor (Respiratory Physician)
Company Stamp: _____ Date: 22/06/24

* Cheque should be made in favour of Metro Parking (M) Sdn Bhd and crossed.

For enquiries please call or come personally to : **METRO PARKING (M) SDN. BHD.**
KPJ SPECIALIST HOSPITAL, LOT NO. 2,
OFF JALAN DAMAI, LUYANG, 88300 KOTA KINABALU, SABAH.
TEL: 012-259 7166

FOR OFFICE USE ONLY

1. Total Allocation : _____
2. Total taken up : _____
3. Balance : _____
4. ☐ Temporary Season Parking Monthly / Quarterly
☐ Permanent Season Parking Monthly / Quarterly
5. Card No. : _____
6. Rate : RM _____ per month reserved / non reserved.
7. Total Amount Paid : Season RM _____
Deposit RM _____
Total RM _____

8. Approved By : _____

Approved by New Park
RM 110/months - Effective
Sept 2024

MOHAMAD FAIZAL MOHAMED
General Manager
KPJ Sabah Specialist Hospital

