



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



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)

- Account Name : SARAVANAN A/L LINGESWARAN
- NRIC No. : 870210-10-5927
- Company Name : RTS LINK OPERATIONS PTE. LTD
- Contact Person : 014-6072809
- Correspondence/Office Address : SUITE 17-01, LEVEL 17,
MENARA JLAND
JOHOR BAHRU CITY CENTRE
- Home Address : 39, JALAN PERJIRANAN 9/14,
BANDAR DATO ONM
- Contact Details. -Office No : -H/Phone No : 014-6072809
-House No : -E/Mail Add. : saravanan06@live.com
- Car Registration No. /MOTORBIKE : a MDT 2642 b

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 : _____

Date : _____

Company Chop & Sign (If paid by company) : _____

FOR TENANT CONFIRMATION PURPOSE ONLY

Name : SHABHA AZMIL

Designation : LEASING ASST.

Date : 22 - 10 - 2024

Building Owner / Manager Chop & Sign : _____



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

SITE: Approved By : _____

Date: _____

OFFICE: Approved By : _____

Date: _____