



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

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

APPLICATION FOR SEASON PARKING

(Please fill this form completely using BLOCK LETTERS only)

Maklumat ini dilindungi di bawah
Akta Perlindungan Data Peribadi

- [illegible]

DETAILS ON PAYMENT

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

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 for the following:-

- 1 Number of month Number of access(s)/sticker(s) at RM - per month.
- 2 (No.) access card(s) at RM - per card issued to me; or
- 3 (No.) sticker(s) at RM per sticker issued to me.

DECLARATION		FOR TENANT CONFIRMATION PURPOSE ONLY	
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 : PENGAHARIRYUAN Date : 24/10/24 Company Stamp & Sign (If paid by company) : CAPALAN ASPIRASI SDN BHD (656185-X) S 10 Podium 1, Menara Ansar, 65 Jalan Trusmi, 80000 Johor Bahru, Johor.		 Name : MUHAMAD FAHMI BIN MD YATIM Designation : Building Manager Date : 24/10/24  Building Owner / Manager Stamp & Sign : _____	
FOR OFFICE USE ONLY (AREA MANAGER/AREA SUPERVISOR/SEASON STAFF)			

SITE: Approved By : _____

Date:

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OFFICE: Approved By : _____

Date:

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