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 ☐ Non-Tenant ☐ Reserved ☒ Non-Reserved ☒ Personal ☐ Company ☐ Temporary____month

APPLICATION FOR SEASON PARKING
(Please fill this form completely using BLOCK LETTERS only)

1. Account Name : ALVIN CHAN
2. NRIC No. : 080529-01-0333
3. Company Name : ATAS AERONAUTIK
4. Contact Person : ALVIN CHAN
5. Correspondence/Office Address : NO. 17, 01, JALAN TERMINAL 1, 81400 SENAI, JOHOR
6. Home Address : 1673, JALAN PULAI JAYA 51, TAMAN PULAI JAYA
7. Contact Details. -Office No : 07-5955012 Ext :
   -H/Phone No : 012-7677 9252
   -House No :
   -E/Mail Add. : alvinchomalvin529@gmail.com
8. Car Registration No. : a JYC 9259 b JQW 9252

DETAILS ON PAYMENT

I/We attach here with payment by way of cash / cheque to the value of RM 100 - ____ for the following:-

1 ____ Number of month ____ Number of access(s)/sticker(s) at RM 50 - ____ per month.

2 ____ (No.) access card(s) at RM 50 - ____ per card as security deposit for any access card(s) issued to me; or

3 ____ (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 : CADET PILOT

Date : 15 - 09 - 2016

Company Chop & Sign (If paid by company) : MALAYSIA AVIATICAL TRAINING ACADEMY 1304516-P

FOR TENANT CONFIRMATION PURPOSE ONLY

Name :
Designation :
Date : ____ - ____ - ____

Building Owner / Manager Chop & Sign :

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

SITE: Approved By : _____ Date: ____ ____ ____

OFFICE: Approved By : _____ Date: ____ ____ ____