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)

1. Account Name : HAPIFA BINTI ABDUL RAUF
2. NRIC No. : 821220-14-5294
3. Company Name : JLG DEVELOPMENT SDN BHD
4. Contact Person :
5. Correspondence/Office Address :
6. Home Address :
7. Contact Details. -Office No :
   -H/Phone No : 019-7333464
   -House No :
   -E/Mail Add. :
8. Car Registration No. : a JYH 7682 b WA 132 M

DETAILS ON PAYMENT

I/We attach here with payment by way of cash / cheque to the value of RM ____ - ____ 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 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 : O.C BOARD MAYOR (MANAGER)

Date : 13 - 01 - 2026

Company Chop & Sign (If paid by company) : JLG DEVELOPMENT SDN. BHD.
Level 9, Menara KOMTAR,
80888 Ibrahim International Business District,
Johor, Malaysia.

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: ____ ____ ____