Metro Parking (M) Sdn Bhd (Company No.: 213264-U)
33, Jalan Aliff 4, Taman Damansara Aliff, 81200 Johor Bahru.
Tel: 07-244 9090 Email: seasonjb@metro-parking.com
SST ID: W10-1808-31015861

SSP2

MULTIPURPOSE FORM

☐ Termination (section 1, 2, 4 & 5) ☑ Hold (section 1, 2 & 4) ☐ Update (section 1, 2 & 3)

Section 1 [Compulsory]

Car Park: _____ Account No.: _____

Car Registration No.: JWR 6067 Access Card / Sticker No.: _____

Section 2 [Compulsory]

NRIC / PASSPORT: 001 COMPANY NO.: _____

Full Name: NURUL ZETT

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Correspondance Address: A-01-15 BLOK APANGSAPU PERSIARAN D

Post Code: 81550 City: GELANG State: JOH

Contact No. H/P: 012-7675301 (H): _____

(O): _____ (F): _____

E-mail Address: nurulzetty

Section 3 [Customer Information Update]

Request to Change: Effective Date : ___ / ___ / _____

☐ New Car Park _____

☐ Vehicle No. _____

Section 4 [Suspension or Termination Section]

****For temporary suspension, maximum days for each request is 60 DAYS ONLY.**

Reason Suspension ☑ Maternity ☐ Outstation ☐ Transfer ☐ Others: _____

Effective Date : 01 / 11 / 2026 **to** 01 / 04 / 2026

Section 5 [Refundable Deposit]

Choice of mode of payment ☐ Cash **(Applicable to Johor Only)** ☐ Cheque ☐ Cash Transfer

Account number : _____ Bank: _____

Declarations

I/we hereby declare the above informations are correct.

_____

Signature & Company Stamp

Date ___ / ___ / _____

(Please attach photocopy of I/C and Company Stamp for information only)

Rate Our Service:

☐ Excellent
☐ Good
☐ Average
☐ Poor

FOR OFFICE USE

Requestor Status

☐ Active ☐ Privilege ☐ Co's Groups
☐ In-active ☐ Corporate

New Account No. _____

Locking Update

Date Locked ___ / ___ / _____ Re-activation date ___ / ___ / _____

By: _____ By: _____

Access Card / Sticker Update

Access Card / Sticker Status:

☐ Returned ☐ Not returned
☐ Lost ☐ Damaged

Received by:

☐ Head Quarters
☐ Site Office

By (Authorised Person): _____

Date Received ___ / ___ / _____

Replacement Card:

☐ No ☐ Yes ☐ New Card _____

Payment (Penalty / Additional Dep / Renew / Others):

Receipt No.: _____ RM: _____

Deposit Status

☐ Refunded ☐ Not Refunded

Deposit (RM) : _____.__

Advance Fees (RM) : _____.__

Penalties (If Any) : _____.__

Total Refund : _____.__

Refund Information

☐ Cash ☐ Cheque ☐ Cash Transfer

Ref Bank _____

Ref RD _____

Authorised P.I.C _____