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 : NUR ATIKA MUHAR
2. NRIC No. : 920512086154
3. Company Name : ATAS AERONAUTIK
4. Contact Person : NUR ATIKA MUHAR
5. Correspondence/Office Address : NO 17-01 JLN TERMINAL 1 81400, SENAI JOHOR
6. Home Address : NO 39, JLN 2/5A TMN MELATI 53100 SETAPAK KL
7. Contact Details. -Office No : 07-5955012 Ext :
   -H/Phone No : 019-2312480
   -House No :
   -E/Mail Add. : nurqatikamuhar@gmail.com
8. Car Registration No. : a VGF 7997 b

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 : STUDENT PILOT
Date : 27 - 10 - 2026

Company Chop & Sign (If paid by company) :

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: ____ ____ ____