

Rohana Abd Ghaffar

From: Rohana Abd Ghaffar <leonna68@gmail.com>
Sent: Monday, 14 October, 2024 1:23 PM
To: Rohana Abd Ghaffar
Subject: Metro Parking



Metro Parking (M) Sdn Bhd

(A Member of Damansara Realty Berhad Group Of Companies)

Suite 10.2, Level 10, Wisma Chaste 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

☐ Temporary _____ month

☐ Non-Tenant

☐ Non-Reserved

☐ Company

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

1. Account Name

:

Rohana Abd Ghaffar

2. NRIC No.

:

680803-10-6792

3. Company Name

:

RTS OPERATIONS PTE LTD

4. Contact Person

:

5. Correspondence/Office Address

:

SUITE 17-01 17TH FLOOR, MENARA JILAND

6. Home Address

:

37-01 BORA RESIDENCE, JALAN DANGA 1/1
DANGA BAY, 80200 JOHOR BAHRU, JOHOR

7. Contact Details

-Office No

:

Ext :

-H/Phone No

:

019-2616101

-House No

:

-E/Mail Add.

:

rohana.ghaffar@rtsopts.com

8. Car Registration No.

:

a VLX 8862

b

DETAILS ON PAYMENT

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

RM 500

 - for the following:

1

☒ OCT

Number of month

Number of access(s)/sticker(s)

01

per month.

at RM

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

:

DOCUMENT CONTROL

Date

:

08 - 10 - 2024

Company Chop & Sign

(If paid by company)

:

FOR TENANT CONFIRMATION PURPOSE ONLY

Name

:

SHARAH AHMAD

Designation

:

LEARNING ASSIST.

Date

:

14 - 10 - 2024



Building Owner / Manager

Chop & Sign

:

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

SITE: Approved By : _____

Date:

OFFICE: Approved By : _____

Date:

Sent from my iPhone

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