



Application for Season Parking

Car Park: _____

Tenant / Non-Tenant

Company Account / Personal Account

1. Full Name: _____ I/C No: _____

2. Company Name: _____

3. Person to Contact: _____ Designation: _____

4. Office Address: _____

5. Office Tel No: _____ Ext No: _____ Fax No: _____

6. House Address: _____

7. House Tel No: _____ H/Phone No: _____

8. Car Regn No: a) _____ / _____ c) _____ / _____

b) _____ / _____ d) _____ / _____

9. Commencement Date: _____

I/we have read the terms and conditions overleaf and I/we agree to be bound by them

Signature of applicant/authorised officer: _____ Designation: _____

Company Stamp: _____ Date: _____

FOR OFFICE USE ONLY

1. Temporary/Permanent Season Parking _____ 6. Commencing Date : _____

2. Monthly / Quarterly _____ 7. Start Bill : _____

3. Card / Tag No : _____ 8. Period : _____

4. Rate (RM) : _____ 9. Start Process : _____

5. Total Amount Paid : Season RM _____ 10. Company : Y / N

Deposit RM _____ 11. Tenant : Y / N

Total RM _____

Date	Type	Reference	Amount

Comment: _____

Date: _____

Prepared By: _____

Authorised By: _____