

Cairnhill Heights

MANAGEMENT CORPORATION
STRATA TITLE NO.1041
16 Cairnhill Rise, Singapore 229744
Tel : 62354244

RESIDENTS REGISTRATION & INTERCOM NUMBER

Name of Owner/Tenant: _____ **Unit:** _____
(Tenant must seek owner's signature for the form as provided below)
(Foreigner must furnish a certified true copy of work permit or passport)

Tel: _____ (R) _____ (HP) _____ (O) Fax: _____

Email: _____

Telephone No. for Intercom System (if applicable): _____
(Pls fill up this section. Mobile No. is acceptable)

Particulars of Occupants:

Name of Occupant (include name of owner & tenant)	Nric/PP No	Relation to Owner	Vehicle No.

Name of Person Completing Form: _____

Signature: _____ Date: _____

Verification By Owner (if unit is tenanted):

Yes, above is our tenant and information given is correct.

No, above is not our tenant.

By signing this application form you expressively give consent to the management collecting, using & disclosing personal data provided in the form for the purposes of estate management and future communication related to this estate.

Signature of Owner _____ Date : _____

Name of Signatory _____

FOR OFFICIAL USE

Approved By: _____ Date: _____