

OCCUPANT REGISTRATION

Dear Occupant,

We would like to have your cooperation to complete the below and return back to us asap. This data is to assist us in contacting you in case of any emergency and it will be kept confidential.

You can return the form :

- 1) By Post : 20 Bukit Batok Crescent #01-01A Enterprise Centre S(658080) **OR**
 2) By Fax : 6566 9920

Thank you.

OCCUPANT'S PARTICULARS

UNIT NO. _____

Name of Shop/Office* :	
Nature of Business :	ROC No. :
Email / Web * :	
Mailing Address :	
Shop/Office* Phone No. :	Shop/Office* Fax No. :
Tenancy Period : From _____ to _____	No. of Staff : (Male) _____ (Female) _____
Operation Hours of Shop / Office :	

No.	Person In Charge	Contact No.	Designation
1	Name :		
	Email :		
2	Name :		
	Email :		

By signing this application form I/we 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.

In case of emergency, contact the following personnel :

(1) _____ Contact No. : _____

(2) _____ Contact No. : _____

Name & Designation of person completing the above :-

Name : _____ Designation : _____

Date : _____ Contact No. _____

* Delete where appropriate