

USAGE OF CARGO LIFTS (TO BE COMPLETED BY OCCUPANTS)

Name of Applicant(s) : _____ (Owner / Tenant)*

Unit No: _____ Tel : _____ Fax : _____

Email: _____

Section I

Date (s) of Usage : _____ (No. of Days) : _____

Time : _____ am/pm to _____ am/pm

Section II - PARTICULARS OF CONTRACTOR

Name of Company : _____

Address : _____

Person-In-Charge : _____ Signature : _____

Telephone No. : _____ Fax No.: _____

Mobile No. : _____ Email : _____

Yours faithfully

Signature & Co.'s Stamp
(to be signed by the Occupant)

Name of Signatory, Contact No. & Date

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.

For Official Use

Supervisor's Signature

Manager's Signature

Application Fee : _____

Total Collected : _____ (Cash / Cheque : _____)

OR No. : _____

Received By : _____ Date : _____