



Metro Parking (M) Sdn Bhd (company No.: 213264-U)

(A Member of Damansara Realty Berhad Group of Companies)

HQ: Suite 10.2, Level 10, Wisma Chase Perdana, Off Jalan Semantan, Damansara Heights, 50490 Kuala Lumpur, Malaysia.
Tel: +603-2081 2777 Fax: +603-2081 2778, 2081 2779

Website: www.metro-parking.com

Customer Service: customerservice@metro-parking.com / seasonjb@metro-parking.com

SST ID: W10-1808-31015861

Branches:-
Johor Tel: +607-244 9090
Kuantan Tel: +609-513 0007
Penang Tel: +604-236 6190
Labuan Tel: +6087-412 292



Customer's Copy

FOR OFFICE USE ONLY

| | |
|----|--|
| 1 | This license shall be non-transferable. |
| 2 | The Licensee shall be responsible for the license for a minimum of 12 months. |
| 3 | The Licensee wishing to terminate the license may be deactivating. |
| 4 | The Company reserves the right to deactivate the license for breach of season parking terms. |
| 5 | In event of the Licensee's death, the license shall be as follows: |
| 6 | (i) New Season Parking Application Form shall be submitted to the Company. |
| 7 | (ii) Full monthly payment shall be made to the Company. |
| 8 | (iii) All outstanding parking charges shall be cleared. |
| 9 | (iv) Please check your cheque/credit card statement for any charges for cheque/credit card. |
| 10 | (v) All payments received via credit card shall be used for the license. |
| 11 | (vi) All payments received via credit card shall be used for the license. |
| 12 | (vii) Any charges for cheque/credit card shall be used for the license. |

OFFICIAL RECEIPT

Date : / /
Account :
Account Penalty :

DEPOSIT RENTAL RM _____
CARD RM _____
PENALTY RM _____

| MONTH | YEAR | RM |
|-------|------|----------|
| JAN / | | RM _____ |
| FEB / | | RM _____ |
| MAR / | | RM _____ |
| APR / | | RM _____ |
| MAY / | | RM _____ |
| JUN / | | RM _____ |
| JUL / | | RM _____ |
| AUG / | | RM _____ |
| SEP / | | RM _____ |
| OCT / | | RM _____ |
| NOV / | | RM _____ |
| DEC / | | RM _____ |

TOTAL RM _____
(Inclusive 6% SST)

MPM 853484

METHOD OF PAYMENT :
 CASH CHEQUE Ref: _____
 CDM / DIRECT B/IN : Ref: _____

This receipt is valid subject to clearance of the above cheque.

Received from : _____

Vehicle No. : 1) _____ 2) _____

Car Pass/Card No. : 1) _____ 2) _____

For the amount of : RM _____

Customer Signature : _____ Cashier/Officer : _____
ID : [_____]

For Office Use

| 1. Verification on Receipts Issued | 2. Verification on Bank-In | 3. Bank Clearance |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> On-Site | <input type="checkbox"/> Bank Statement |
| <input type="checkbox"/> Reject | <input type="checkbox"/> Main Office | <input type="checkbox"/> Floating/Reject/Not Available |
| Posted by : _____ | Posted by : _____ | Posted by : _____ |
| Staff ID : _____ | Staff ID : _____ | Staff ID : _____ |
| Date : _____ | Date : _____ | Date : _____ |

H/Phone No : _____
House No : _____
E-Mail Add : _____

8. Car Registration No. : 1) _____ / _____
2) _____ / _____

DETAILS ON PAYMENT

I/We attach here with payment by way of cash / cheque to the value of RM _____ for the following:-

1. Number of month _____ Number of access(s)/sticker(s) at RM _____ per month.
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 | FOR TENANT CONFIRMATION PURPOSE ONLY |
|--|---|
| Please note that one month written notice is required for cancellation of parking lot(s), failing which the Company have the right to forfeit your: <input type="checkbox"/> 2 months deposit + 1 month rental + card deposit <input checked="" type="checkbox"/> 1 months deposit + 1 month rental + card deposit I have read the terms and condition on the reverse page and I agree to be bound by them. | Name : <u>DION NEOP ARIELLA</u> Designation : <u>HR</u> Date : <u>27/04/2012</u> |
| Signature of Applicant : _____ Designation : _____ Date : _____ |  Building Owner / Manager Stamp & Sign : _____ |
| Company Stamp & Sign (If paid by company) : _____ | |

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

SITE: Approved By : _____
Date : _____

OFFICE: Approved By : _____
Date : _____