



The Tembusu

APPLICATION FOR ACCESS CARD

Name of Applicant : _____ Block No. _____ Unit No: # _____

Contact No.: _____ (H) _____ (O) _____ (Hp)

Reason for Replacement / Additional Card:-

<input type="checkbox"/>	Lost Card:
<input type="checkbox"/>	Damaged Card:
<input type="checkbox"/>	Additional Card: _____ (Please state reason)

(Please tick the box accordingly and indicate the lost / damaged card no.)

Terms & Conditions of Application

- The applicant must be the Subsidiary Proprietor or authorized tenant.
- The Management reserves the right to reject any application if the applicant is unable to prove his identity or due maximum cards had been allocated to unit.
- Card holders should report to The Management immediately if the card is loss.
- Loss card number must be provided to The Management prior to a replacement card can be issued.
- Loss card will be deactivated immediately upon notification to The Management and will not be re-activated in event that it is found.
- Damaged card must be return to The Management prior to a replacement card can be issued.
- Replacement cost for any loss or damaged access card is **S\$50.00 per card**
- There will not be any refund for any sold access card(s).

Signature of Applicant

Date

TO BE COMPLETED IF APPLICANT IS TENANT

I, _____ (name of Subsidiary Proprietor), of Block No. _____
Unit No.# _____, hereby gives consent to my tenant _____ (name of tenant)
to purchase _____ (nos.) of access card (s).

I / We consent to the collection and use (and if necessary, disclosure) of my personal data herein to enable The Management corporation and its managing agent to manage The Tembusu efficiently and for related purposes. I represent and warrant to you that the other persons named herein have consented to the collection and use (and if necessary, disclosure) of their personal data for the same purpose.

Signature of Owner / Authorized Agent

Date

FOR OFFICIAL USE

Loss / Damaged Access Card No.: _____

New / Replacement Access Card No.: _____

Amount Paid: _____ Receipt No: _____

Issued By: _____ Signature & Date: _____

Received By: _____ Signature & Date: _____

* Cheque should be made payable to **"THE MCST PLAN NO.4447"**