THE MANAGEMENT CORPOR	ATION STRATA TIT	TLE PLAN NO
Name of Estate:		
APPLICATIO	N FOR THE USE OF	FACILITIES
Type of Facilities:		Date:
Name of Resident:		Unit No:
Contact No:	(res)	(mobile)
Date/ Day required:	Time:	to
Type of event:		
Expected Guests:	person/s.	
(If more than 10 persons please submit nevent. Please ensure that your guest park are to be parked outside the estate.)		• •
- I I	_	_refundable deposit payable upon
communal Room S\$		ayable upon approval (for functions)
Common Lobbies S\$	refundable deposit p	ayable upon approval (for functions)
Others: Chairs: Qty:	Tables:	Qty:
Other equipment/s:		
Remarks: Please tick \(\sqrt{in appropriate} \) payable to "MCST come first serve basic. Checonducted by the Managem	". No receipt will be is, ques will only be refun	sued. Application will be on first aded after area inspection
I agree to abide the rules and regulations the estate and I will be responsible for the premises. I will ensure that at the end of equipment used including the cleanliness will forfeited and I will also bear any excit proven due to my negligence.	e conduct and behavior o the event, I will make go and the general conditio	f my guests whilst they are in the od all the conditions of the facilities and n of the common areas or my deposit
	For Official Use:	Approved/ Not Approved
	Cheque: No Amount:	(Received)
 Signature/ Date	Received By: Refunded to:	Date: Date: