

REPLACEMENT SMART ACCESS CARD FORM (RSC-5)

Name of

Owner(s) : _____

Unit No : _____

NRIC No : _____

Contact No : _____

(Copy of NRIC to be enclosed)

I / We hereby agree to abide by the Rules and Regulations imposed by The Management.

Signature

Date of Application

Management Office's Verification

Access Card No (old) : _____

Access Card No (new): _____

Issued By : _____

Date Issued : _____

Amount Paid : _____

Receipt No : _____

Signature : _____

Acknowledgement of Receipt of Smart Access Card (Applicants must collect personally)

Name : _____

NRIC No : _____

Signature : _____

Date : _____

- Delete whichever not applicable