THE MANAGEMENT CO	RPORATION STRATA	TITLE PLAN NO
NAME OF ESTATE:		

APPLICATION TO PURCHASE ACCESS CARD

Name of Owner:		Unit No:			Unit No:	
Contact No:	(Reside	ential)	(Mobile)			
No of Cards Required: _						
Reason for Purchase:	Lost of Acces	s Card (to enclose 1	police report)			
	Requires extra	a Access Card				
	Damaged / Fa	ulty Access Card				
	Others (please	Others (please specify)				
Note:						
2. Replacement of I I understand that the residents. It is meant s I agree that for securit	olely and strictly for us ty reason, in any case	card will put the se of residents of of loss of the ac				
		For Official Use:	Approved / Not Approved			
		Cheque No:	Amount:			
		Serial no/s:				
Signature / Date		Received By:	Date:			