

THE MANAGEMENT CORPORATION STRATA TITLE PLAN No. 2286 DOVER PARKVIEW

REPLACEMENT OF ACCESS CARD

4.		EI LACENIEN I	OI HEELD	
	Particulars of OWNE			
				NRIC No
Contract	t No.: (H)	(Hp)	Email: _	
2)	Particulars of TENANT/AGENT (with Letter of Authorization from Owners)			
Name of	f Tenant:			_ Contact No.:
Name of	f Agent:	Company:		Contact No.:
3)	Duplicate of Access Card (Replacement of Access Card : S\$21.40/card w/GST)			
No. of D	Ouplicate Access Card re	equired:		
New Ac	cess Card No.:		New Access Card	No.:
				No.:
				No.:
Ouman	Authorized Cianatomy			Date:
"By signing this application form you expressively give consent to the management collecting, using & disclosing personal data provided in the form for the purpose of estate management and future communication related to this estate."				
Collecte	d By:			
Name:		Signatura		Date:
*** Pls	state name of housing ag	ent and company if collecti	ing by housing agent	Date:
		• •		
4)	IMPORTANT: KIND	LY TAKE NOTE OF TH	E FOLLOWING TE	RMS & CONDITIONS
4.1	Kindly bring along your NRIC/Passport and resident card for verification. MA reserve the rights not to issue any			
	new access cards if this Clause is not complied with.			
4.2 4.3	Rates are subjected to change without prior notice. No refunds will be entertained once access card is received.			
4.4	Please note that the Management will limit to purchase or program the number of cards according to the Unit Share			
	Value (5 cards to 3 sha	re values, 8 cards to 4 share	values and 10 cards to	5 share values)
5)	For Official Use Only	:		
Total Charge: Descript No.			Data	
Total Charge: Receip		Keceipt No.:		Date:
Issued By:				Date:
Issued By: Date:				

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