OSK PROPERTY

OSK PROPERTY DIVISION

Doc Ref: OSKP/PPM/05-F2

Rev No: 0

Issue No: 01/09/2016

Form

Common Area Complaint Form

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Name of Project :		:	CACF reference no :MonthYear		
Resident N	Vame	:			
Unit No	· (dille				
			(office)		
			(residence)		
		:			
Item			Description of Complaint(s)		
Confirmation by Company Representative					
Signature	:	ACSE / ACSA	Signature :BM / BE		
Data					
Date	:		Date :		

OSK PROPERTY	OSK PROPERTY DIVISION	Doc Ref: OSKP/PPM/05-F2 Rev No: 0 Issue No: 01/09/2016		
Form	Common Area Complaint Form	Page 2 of 2		
CACF Referred to	· :			
CACF Received b	y :	Date :		
Item	Remedial Action(s)	Resident Comment (If any		

Rectification completed by			Rectification confirmed by		
Name	:	Name	:	BM / BE	
Signature	:	Signature	:		
Date	:	Date	: .		