

BADAN PENGURUSAN BERSAMA PANGSAPURI SERI KASTURI

MANAGEMENT OFFICE, JALAN SETIA GEMILANG U13/45B, SETIA ALAM, SEKSYEN U13, 40170 SHAH ALAM, SELANGOR.

P: 018- 292 0133 I E-MAIL: jmbserikasturi1@gmail.com

CONFIRMATION OF VISITOR STAYING OVERNIGHT FORM

			Date:	
The Management,				
eri Kasturi.				
Dear Sir / Madam,				
RE: CONFIRMATION OF	VISITOR STAYING OV	<u>ERNIGHT</u> I		
I/Weowner / tenant of Unit No.: hereby confirm that my visitor will be temporarily staying overnight at my unit.				
NAME	NRIC/PASSPORT NO.	RELATIONSHIP	CONTACT NO.	VEHICLES REG.NO
Vo. of nights				
Reason (must fill up):				
I will not hold Com Vacturi N	Ianagement responsible for	r any matters relate	ed to my visitor?	's staving overnight a

IMPORTANT

- 1. Notice of over-night visitors to be given to the Management at least 24 hours before the Visitors coming.
- 2. The Management reserves the right to refuse entry to any visitors, if requisite notice not been given to the Management.
- 3. Any vehicles which are not parked at the designated visitor parking bays will be wheel clamped.
- 4. Overnight parking regardless of the 7-hour limit is allowed only if you have a temporary overnight parking permit from the Management office. This rule applies from midnight to 7:00 a.m. within the territory of Seri Kasturi Apartment, unless otherwise indicated.

- 5. Effective September 15, 2019 Residents can register for their visitors overnight parking at the Management Office and if any exceed the limit, the Management will charge RM10/night for the day beyond.
- **6.** By submitting this Form, I/we agree that **BADAN PENGURUSAN BERSAMA SERI KASTURI,MANAGEMENT OFFICE** may collect,obtain,store and process my/our Personal Data that I/We provide in this form for the purpose of considering my/our application or registration as described in this
 - a) Store and process my/our Personal Data;
 - b) Disclose my/our Personal Data to the relevant governmental authorities or third parties where required by law or for legal purposes.
 - c) Disclose my/our Personal Data to the necessary authorised Joint Management Body or the authorised body appointed by the resident of the applicable stratified development community to take over the management of the stratified development.

Thank You.		
Yours faithfully,		
Signature Owner's Name: Date:		
FOR MANAGEMENT OFFICE USE ONLY	′	
Attended by Admin :	Acknowledge by Security Officer:	Approved by Manager: