Lot/Unit No :	Phase/Parcel : 1A TYPE F1			Date :	
Owner's/Representative Name :		Cor	ntact No :	Address :	
		Item	Description		
GROUND FLOOR	FIRST FLOOR				
<u></u>					
BETACON BHILIP WET WET WILLIAM	BLCONY 1 MASTER BLITH				
BEDROOM WET KITCHEN DANNE DANNE	BEDROOM BOTH T MISTER BEDROOM				
FORER	BEDROOM 2 BEDROOM 2				
POWER POWER	FAMILY BATH 2				
STORE 1 STORE 1 NUMB UNING	BALDON' 2				
VERMON CAPPORCH					
Acknowledgement Section					
By Key - No. of key received	20(0)				
By Appointment	pc(5)				
Others - Please specify:		A also ass	ledgement After Rectification / Re-inspection		
Note: Tick if complaint received via email / call / others.		I conf	firmed that the defects encountered have been	attended.	
Owner/Authorized Representative	Developer's Representative		Owner/Authorized Representative		Developer's Representative
(Signature)			(Signature)		
		*Keys re	eturned (pc) :		(Signature)
Email Call	( · v · · · · · · · · · · · · · · · · ·	Name :	w /		Name :
Others Pls specify:	Date :	Date ·			Date: