DEFECTS INSPECTION FORM (VP7)

Lot/Unit No :	Phase/Parcel : 1A TYPE B (INTERMEDIATE)		Date :
Owner's/Representative Name :		Contact No :	Address:
GROUND FLOOR TERRACE GUEST ROOM BATH 4 DINING BATH 4 CARPORCH CARPORCH	FIRST FLOOR MASTER BEDROOM BATH BATH BEDROOM BEDROOM 2	Item De	escription
Acknowledgement Section By Key - No. of key received	pc(s)		
By Appointment Others - Please specify: Others - Please specify: Acknowledgement After Rectification / Re-inspection I confirmed that the defects encountered have been attended.			
Owner/Authorized Representative	Developer's Representative	Owner/Authorized Representative	Developer's Representative
(Signature) Name : Email Call	(Signature)	(Signature) *Keys returned (pc): Name:	(Signature)
Others Pls specify:	Date :	Date :	Date :