Lot/Unit No :	Phase/Parcel : 1A TYPE C1 (INTERMEDIATE)			Date :	
Owner's/Representative Name :		Contact No :	Addres	ss:	
GROUND FLOOR GUEST ROOM BATH S STORE LIVING	FIRST FLOOR BALCONY MASTER BEDROOM MASTER BEDROOM	Item	Description		
COURTYARD DINING ENTRANCE FOYER FOYER KITCHEN BATH 6 DRY YARD CARPORCH	FAMILY AREA BEDROOM BATH 4 BATH 4 BEDROOM B				
Acknowledgement Section By Key - No. of key received	20(0)				
By Appointment	μυ(5)				
Others - Please specify:	Acknowledgement After Rect I confirmed that the defects	Acknowledgement After Rectification / Re-inspection I confirmed that the defects encountered have been attended.			
Note: Tick if complaint received via email / call / others. Owner/Authorized Representative	Developer's Representative	Owner/Authoriz	zed Representative	Developer's Representative	
(Signature) Name :	(Signature)	(Sig	nature)	(Signature)	
	Name :	Name :		Name :	
Others Pls specify:	Date :	Date :		Date :	