Lot/Unit No :	Phase/Parcel: 1A TYPE B1 (CORNER & END LOT)			Date :	
Owner's/Representative Name :		Contact N	0:	Address :	
GROUND FLOOR	FIRST FLOOR	Item	Descr	iption	
CUEST ROOM TERRACE	MASTER BEDROOM				
BATH 4 LMING LMING BATH SOLUTION DINING	MASTER BATH FAMILY				
STORE 3	FAMILY AREA BATH 2 BATH 3				
KITCHEN FOYER	BEDROOM BEDROOM 2				
CARPORCH					
4					
Acknowledgement Section					
By Key - No. of key received	22(2)				
By Appointment	ρυ(5)				
Others - Please specify:			nent After Rectification / Re-inspection that the defects encountered have beer	n attended.	
Owner/Authorized Representative	Developer's Representative	(Owner/Authorized Representative		Developer's Representative
(Signature) Name :	(Signature)	*Keys returned	(Signature)		(Signature)
Email Call	Name :	Name :	\r_/·		Name :
Others Pls specify:	Date :	Date :			Date :