DEFECTS INSPECTION FORM (VP7)

Lot/Unit No : Phase/Parcel : 1A TYPE B1 (INTERME		TERMED	MEDIATE)		Date :
Owner's/Representative Name :		C	ontact No :	Address :	
		Item	Descr	iption	
GROUND FLOOR	FIRST FLOOR				
GUEST ROOM TERRACE					
	MASTER BEDROOM				
BATH 4 LIVING	MASTER BATH				
BATH BATH					
5 DINING	FAMILY AREA				
STORE 3	┟┈┰ ╴⋒ [╶] ┲┈┪				
- 1	BATH 2				
KITCHEN FOYER	BEDROOM BEDROOM 2 3				
STORE					
CARPORCH					
Acknowledgement Section					
By Key - No. of key received	pc(s)				
By Appointment	,				
Others - Please specify:					
		Ackno I co	wledgement After Rectification / Re-inspection nfirmed that the defects encountered have been	attended.	
Note: Tick if complaint received via email / call / others Owner/Authorized Representative	. Developer's Representative		Owner/Authorized Representative		Developer's Representative
Ownen/Authorized (Cepresentative	Developer's Trepresentative		Owner/Authorized Nepreserilative		Developer 3 (representative
(Signature)			(Signature)		
Name :	(Signature)		returned (pc) :		(Signature)
Email Call Others Pls specify:	Name :	Name	:		Name :
Outers Fis specify:	Date ·	Date :			Date ·