Lot/Unit No : 1049	Phase/Parcel : 1A TYPE A (INTERMEDIATE)			Oate :
Owner's/Representative Name :		Contact No :	Address :	
GROUND FLOOR	FIRST FLOOR	Item	Description	
TERRACE GUEST ROOM LIVING BATH 4 BATH 5 BATH 5 STORE 3	MASTER BEDROOM BATH BATH BATH BEDROOM BEDRO			
Acknowledgement Section				
By Key - No. of key received				
Others - Please specify: Note: Tick if complaint received via email / call / others. Acknowledgement After Rectification / Re-inspection I confirmed that the defects encountered have been attended.				
Owner/Authorized Representative	Developer's Representative	Owner/Authorized Repo	resentative	Developer's Representative
(Signature) Name :	(Signature)	(Signature) *Keys returned (pc):		(Signature)
Email Call	Name :	Name :		Name :
Others Pls specify:	Date :	Date :		Date :