Owner's/Representative Name: Contact No: Address: Item Description FIRST FLOOR FIRST FLOOR MASTER BECRIOON FORMULY AND STORE 3	Lot/Unit No :	Phase/Parcel : 1A TYPE B (COF	RNER & END LOT)		Date :
GROUND FLOOR FIRST FLOOR GUEST ROOM MASTER BEDROOM DINING STORE 3	Owner's/Representative Name :		Contact No :	Address :	
FOYER KITCHEN BEDROOM 3 BEDROOM 2 CARPORCH	LIVING BATH 4 LIVING BATH 4 DINING STORE 3	MASTER BEDROOM FAMILY AREA BEDROOM BEDROOM	Item	Description	
Acknowledgement Section By Key - No. of key receivedpc(s) By Appointment	By Key - No. of key received	pc(s)			
Others - Please specify:	Others - Please specify: Note: Tick if complaint received via email / call / other	9/s.	I confirmed that the defects encounter	red have been attended.	
Owner/Authorized Representative Developer's Representative Owner/Authorized Representative Developer's Representative	Owner/Authorized Representative	Developer's Representative	Owner/Authorized Represe	entative	Developer's Representative
(Signature) Name: (Signature) *Keys returned (pc): (Signature)	(Signature)	(Signature)	(Signature) *Keys returned (pc) :		(Signature)
Email Call Name: Name: Name: Name:					