Lot/Unit No : 1044	Phase/Parcel : 1A TYPE A (INTERMEDIATE) Date :				
Owner's/Representative Name :		Contact No):	Address :	
GROUND FLOOR	FIRST FLOOR	Item	Description		
GUEST TERRACE ROOM	MASTER				
LIVING BATH 4	MASTER BEDROOM MASTER BRITH				
DINING 5	FAMILY AREA STORE				
STORE 3					
FOYER KITCHEN	BEDROOM BEDROOM 2				
CARPORCH					
CARPORCH					
Acknowledgement Section					
By Key - No. of key receivedpc(s)					
By Appointment					
			ent After Rectification / Re-inspection nat the defects encountered have beer	n attended.	
Note: Tick if complaint received via email / call / others. Owner/Authorized Representative Developer's Representative		0	wner/Authorized Representative		Developer's Representative
			·		
(Signature)			(Signature)		
Name: (Signature) *I		*Keys returned ((Signature)
Email Call	Name :	Name :			Name :
Others Pls specify:	Date :	Date :			Date :