Lot/Unit No :	Phase/Parcel : 1A TYPE A1 (CORNER & END LOT)			Date :	
Owner's/Representative Name :		Contact No :		Address :	
GROUND FLOOR GUEST ROOM TERRACE LIMING	FIRST FLOOR MASTER BEDROOM MASTER BATH	Item	Desc	ription	
BATH SEE DINING STORE 3 KITCHEN FOYER CARPORCH	FAMILY AREA BATH 2 BEDROOM BEDROOM 2				
Acknowledgement Section By Key - No. of key received	pc(s)				
By Appointment Others - Please specify: Note: Tick if complaint received via email / call / others.		I confirmed that the	er Rectification / Re-inspection defects encountered have been	n attended.	
Owner/Authorized Representative	Developer's Representative	Owner/A	Authorized Representative		Developer's Representative
(Signature) Name :	(Signature)	*Keys returned (pc) :	(Signature)		(Signature)
Email Call	Name :	Name :			ame :
Others Pls specify:	Date :	Date :		Da	ate: