Lot/Unit No : 1038	Phase/Parcel: 1A TYPE A (INTERMEDIATE)				o:
Owner's/Representative Name :		Contact	No :	Address :	
GROUND FLOOR	FIRST FLOOR	Item	Description		
GUEST TERRACE ROOM	MASTER				
LIVING BATH 4	MASTER BEDROOM MASTER BATH				
200 °C BATH					
DINING 5 STORE 3	FAMILY AREA STORE				
FOYER KITCHEN	BEDROOM BEDROOM 2				
ESTORE					
CARPORCH					
Acknowledgement Section					
By Key - No. of key receivedpc(s)					
By Appointment	ps(c)				
Others - Please specify:			ement After Rectification / Re-inspection d 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
(Signatura)			(Signature)		
(Signature)  Name: (Signature)  *		*Keys returne			(Signature)
Email Call	Name :	Name :			Name :
Others Pls specify:	Date :	Date :			Date :