Lot/Unit No :	Unit No : Phase/Parcel : 1A TYP			Phase/Parcel : 1A TYPE D1	E D1		Date :	
Owner's/Representative Name :					Con	Contact No : Address :		
GROL  YARD  WET  KITCHEN  DRY  KITCHEN	JND FLOOR  TERRACE  3 BATH 2 GUEST ROOM  DINING	1 378921	FIRST FLOOR  BALCONY 1  MASTER BATH 1  MASTER BEDROOM 1		Item	Descri	iption	
POWDER ROOM	FOYER CARPORCH		MAS BEDRO	BEDROOM 1  BEDROOM 1  FAITH 1  MASTER  BATH 2  BEROM 2				
Acknowledgement Section  By Key - No. of key receivedpc(s)  By Appointment								
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				Representative		Owner/Authorized Representative		Developer's Representative
(Signature)						(Signature)		
Name: (Signature)				*Keys returned (pc) :			(Signature)	
Email	Email Call		Name :			ame :		Name :
Others Pls	specify:		Date :		Date :			Date :