Lot/Unit No : 1021	Phase/Parcel : 1A TYPE A (INTE	ERMEDIATE)	Date :
Owner's/Representative Name :		Contact No :	Address:
ODOLIND SLOOD	FIRST FLOOR	Item	Description
GROUND FLOOR	FIRST FLOOR		
TERRACE GUEST ROOM			
	MASTER BEDROOM		
LIVING BATH 4	BATH .		
∠ Bath	FAMILY		
DINING 5	FAMILY AREA STORE		
	BATH Z BATH 2		
FOYER KITCHEN	BEDROOM BEDROOM 2		
CARPORCH			
CARPORCH			
L4>			
Advanded a seed Coeffee			
Acknowledgement Section			
By Key - No. of key received	pc(s)		
By Appointment	l		
Others - Please specify: <u>Acknowledgement After Rectification / Re-inspection</u> I confirmed that the defects encountered have been attended.			vection ve been attended.
Note: Tick if complaint received via email / call / others. Owner/Authorized Representative	Developer's Representative	Owner/Authorized Representativ	e Developer's Representative
Omion/ Iddionized (topicsonialive	Dovolopel o reprosentative	Ownom-numorized respresentation	5 Severaper a representative
(Signature)		(Ciamatura)	
Name :	(Signature)	(Signature) *Keys returned (pc) :	(Signature)
Email Call	Name :	Name :	Name :
Others Pls specify:	Date :	Date :	Date :