

VEHICLE REGISTRATION FORM

*** Owner / Tenant**

Name : _____

Blk & Unit : _____

Contact No : (H) _____ (O) _____ (Hp) _____

VEHICLE NO*	IU LABEL NO

*Please indicate the vehicle/s, which you wish to park at Basement 1 (up to a maximum of 2 vehicles). Please attach a photocopy of vehicle registration card with this form.

Replacement of car park label shall be subject to a change of \$5 per label.

DECLARATION BY OWNER/ TENANT

I am a resident at the above mentioned unit at Ardmore Park and all the above particulars given by me are true and correct. I have read and confirm my acceptance and conditions herein

By filling up and submitting this form, I consent to the collection of my personal data and its use by the MCST and its agents for the purpose of this application. The MCST is entitled to retain the information for audit purposes.

Signature

Date