

REPORT OF LOSS/DAMAGED CARD

* Owner / Tenant

Name : _____

Blk & Unit : _____

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

Signature _____

Date _____

To: The Ardmore Park Management Office

| Details of Report | |
|-------------------------------------|---------------------------------------------------------------------------------------------------------|
| Date of Report: | |
| Type of Card: | () Proximity Card () Resident Card () Supplementary Card (please tick where applicable) |
| Serial No. of Lost/Damaged Card: | |

() Deactivate lost card / damaged card

Remarks: Kindly note that the Management will not be able to re-activate the reported lost/damaged card once it is de-activated. 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

For official Use

Acknowledge By : _____

Signature: _____

Date : _____