



THE MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 3397

44 West Coast Road #B1-01 Varsity Park Condominium, Singapore 126841

Tel: 6776 7992 Fax: 6776 1190 Email Address: mcst3397@gmail.com

(Please apply 3days in advance.)

Form 004

APPLICATION FOR ADDITION & ALTERATION / RENOVATION WORKS

Name of Subsidiary Proprietor (S): _____ Blk: _____ Unit # _____

Tel No: (Home) _____ (Office) _____ (Mobile) _____

Particular of Contractor

1. Name of Company : _____

2. Commencement & Completion Date : _____

Monday to Friday – 9.00am to 5.00pm
Saturday – 9.00am to 12.30pm (No noisy work)
Sunday & PH – No work is allowed

3. Date of Hacking Works (Noisy Works) : _____
(Only 1 week of hacking period allowed)

4. Name of Person-in-charge : _____

5. Company Address : _____

6. Contact No : _____

Description of A&A / Renovation Works

A&A / Renovation Items: <i>*All relevant documents such as plans / sketches and approvals from the relevant authorities (if necessary) must be attached to this application</i>	<u>1)</u>
	<u>2)</u>
	<u>3)</u>
	<u>4)</u>
	<u>5)</u>

*Please attach separate list if scope of works exceeded the space above.

I/We declare that I/We have read, understood and will abide by all the By-laws governing A/AA Works. I shall be fully responsible to reimburse the Management if the security deposit is inadequate to defray all costs of making good of damage to common properties and removal of debris. I will undertake to provide full and total protection to the lift car panels and floor lift lobbies with canvas padding when transporting materials etc. I agree to abide by all terms and conditions stated herein including the joint indemnity.

Name: _____
Subsidiary Proprietor (S)

Signature & Date

Name: _____
Renovation Company

Signature & Date (affix Company Stamp)

Note: (a) All foreign workers engaged by employer /resident are required to show their original work permit to the security.
(b) Any foreign workers without a valid work permit at side will not be allowed entry or to work.

FOR OFFICIAL USE

Refundable Deposit Collected: \$1000

*Cash Receipt/Cheque No:

Name & Signature of Approving Officer
Date:

Note: Cheque should be made payable to "MCST3397"
Post-dated cheques are not accepted

By furnishing the Management Corporation with my personal data in this Form, I hereby confirm that I have read, consent and agree to the collection, use and disclosure of any of these personal data for security, safety and other purpose as set out in the Management Corporation's Privacy Policy Statement issued in accordance with the Personal Data protection Act(Act 26 of 2012) (the "PDPA"). And if I have provided personal data of individuals other than myself in this Form, I also confirm that I have sought the requisite consent from these individuals to the collection, use and disclosure of their personal data. In particular, I confirm that I have informed these individuals of the purposes for collection, use and disclosure of their personal data.



(Please apply 3days in advance.) **Form 004**

APPLICATION FOR USE OF THE LIFT

We, _____ Of Block _____ Unit _____
 (Name of Subsidiary Proprietor)

wish to apply for use of the lift to transport goods, renovation material etc. from _____(Level) to _____(Level).

- | | |
|--|--------------------------|
| 1. Moving of goods, equipment etc. into building; | <input type="checkbox"/> |
| 2. Moving of goods, equipment, renovation debris out of building | <input type="checkbox"/> |
| 3. Moving of goods, equipment from one floor to another | <input type="checkbox"/> |
| 4. Bring in material for renovation | <input type="checkbox"/> |
| 5. Others: _____ | <input type="checkbox"/> |

Please tick relevant box

Name of mover / renovation contractors (s) (if applicable) _____

Date & Time Lift Required _____
 (Date) (Time: From-To)

We agree to abide by all the terms and conditions stated overleaf and the House Rules governing House Moving and Usage as contained in the Resident’s Handbook or any changes thereafter as determined by the Management.

 Authorised Signature of Subsidiary Proprietor (Date)

To _____

We confirm that you are authorized to use the lift No. _____ on _____(Date)

From _____(Time) to _____(Time)

Please report and register at the Guard House at main entrance before you use the lift.

 (Authorised Signature) (Date)

- Notes:**
- Application form shall be completed and handed over or faxed to the management 48 hours in advance if you wish to make use of the lift.
 - Request to use lift for bulk delivery of item and equipment is subject to availability Contractors shall only use designated lifts (lift with perspex, caves or plywood protection) to transport their building materials or debris, if the protection is dismantled, the contractor shall provide his own materials to protect the lift components adequately.
 - The lifts are not meant for exclusive use.

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