

DATE: _____ TIME: _____

Management Corporation Strata Title Plan No. 4463
GST No.: M90371352Y

| Request for Refund of Deposit | | | | | | | | |
|---|---|------------|--|--------|------------|------------|--|--------|
| From (Name)* | : | | | | Mobile No. | : | | |
| Blk No. | : | | | | Unit No. | : | | |
| Email Address | : | | | | | | | |
| Official Receipt No. | : | | | | | | | |
| (Pls attach a copy of official receipt issued during payment) | | | | | | | | |
| Deposit collected for | : | Renovation | | Moving | | Web Portal | | Others |
| Account Owner name | : | | | | | | | |
| Account Number | : | | | | | | | |
| Name of Bank | : | | | | | | | |
| Bank Branch No | : | | | | | | | |

Acknowledgement

By signing this application form, I/we expressively give consent to the management for collecting, using & disclosing personal data provided in the form for the purpose of estate management and future communication on matters relating to this estate. I/we is aware and acknowledged that the refund process would take approximately 6 to 8 weeks from date of submission of this application.

Signature _____

Date _____

For Official Use

Amount Collected : \$ _____

Amount For Deduction : \$ _____ (Specify item _____)

Amount Of Refund : \$ _____
=====

Certified By (with name indicated)

| | Name | Signature | Date |
|----------------------------|------|-----------|------|
| Checked By | | | |
| Recommended By | | | |
| Approved By (Site Manager) | | | |
| Approved By (Team Manager) | | | |