

**SANCTUARY GREEN CONDOMINIUM**  
**THE MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2916**  
189 TANJONG RHU ROAD, #01-02 SINGAPORE 436926 TEL: 6241 4818 FAX: 6241 8082

**APPLICATION FOR FACILITIES PASS**

(This form is available online via [www.sanctuarygreen.com.sg](http://www.sanctuarygreen.com.sg) )

Name of Resident : \_\_\_\_\_ Blk & Unit No: \_\_\_\_\_  
Contact No. : \_\_\_\_\_ Email Address: \_\_\_\_\_  
Tenancy Period(*if any*): From(dd/mm/yy) \_\_\_\_\_ To(dd/mm/yy ) \_\_\_\_\_  
No. of pass apply : \_\_\_\_\_

**Subject to Terms & Condition:**

- 1) Each lot is entitled to a maximum of Four (4) passes.
- 2) This pass is not transferable.
- 3) Loss of passes must be reported to the Management immediately.
- 4) Subsequent replacement of a loss/damaged pass will be subject to a charge of S\$30.00 per pass.
- 5) Residents/Tenants are to return the facilities pass to the Management when they cease to reside in the Condominium.

Please attach the following items with this application form:

- 1) Photocopy of legal document/Lease agreement to prove ownership / residence of apartment.
- 2) Previous damaged facilities pass (if any).

I/We will indemnify the Management for any damages that may arise in the course of using the facilities.

I/We understand that the above pass will remain the property of the Management and shall be surrendered on demand.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Your application for facilities pass has been **\*approved / not approved** by the Management.

Facilities Pass No : \_\_\_\_\_ Quantity: \_\_\_\_\_  
Amount Paid : \_\_\_\_\_ Receipt No: \_\_\_\_\_  
Issued By : \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Remarks : \_\_\_\_\_

Received by : \_\_\_\_\_  
(Name and Signature of Applicant/ Resident)

*\* Please delete as appropriate*