

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

REPLACEMENT FOR DAMAGED / LOST FACILITIES PASS

(This form is available online via 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) _____

I/ We hereby request for a replacement of facilities. I/ We enclosed herewith S\$ _____

(Cash / Cheque No. _____)for the replacement.

Signature of Resident

Date

FOR OFFICE USE ONLY

Your application for replacement or damaged / lost facilities pass has been ***approved / not approved** by the Management.

Amount Paid : _____ Cash / Cheque No.: _____

Official Receipt No. : _____ Date Issued: _____

Remarks : _____

ACKNOWLEDGMENT

I/ We acknowledge receipt the following facilities pass:

Facilities Pass No : _____ Quantity: _____

as replacement for my / our damaged/ lost facilities pass no. _____ which will be
invalidated immediately.

Signature of Resident

Date

** Please delete as appropriate*