



OVAL DAMANSARA

APPLICATION FORM FOR REFUND OF ACCESS CARD

Applicant (Owner/ Tenant) _____
** Circle where applicable*

Unit No _____

Contact Number _____

Date of request _____

No. of cards returned _____

Total amount received _____

Please attach a list of cards under refund and their serial number for our security purposes.

Request By:

Approved By:

Name:

Name:

Date:

Date:

Office Purposes

Remarks:

Date of Refund: _____