

Personal Data Protection ACT (PDPA) Compliance

By providing the information contained in this form, you agree and consent to Management and its authorised representatives and/or Managing Agent collecting, using and sharing the information within the context of this application

FORM 001

RESIDENTS' PARTICULARS RECORD FORM

Section A: Subsidiary Proprietor's Particulars

Block : _____ Unit No: _____ Postal Code: _____

Name of Subsidiary Proprietor: (Dr/Mr/Mrs/Ms)

(1)	_____	NRIC/FIN No.: _____	Hp : _____
(2)	_____	NRIC/FIN No.: _____	Hp : _____
(3)	_____	NRIC/FIN No.: _____	Hp : _____
(4)	_____	NRIC/FIN No.: _____	Hp : _____

Correspondence Address: (Pls tick where applicable)

As per Address at The Seafront on Meyer effective from: _____
(Pls indicate effective date)

Correspondence Address: _____
(If Correspondence Address is different from Address at The Seafront on Meyer)

Effective Date (DD/MM/YY): _____

Billing Address: _____
(If Billing Address is different from Correspondence Address)

Effective Date (DD/MM/YY): _____

Emergency Contact Numbers:

(1)	Name: _____	Relationship: _____
	Home No: _____	Office No: _____
	Hp No: _____	Email Add: _____
(2)	Name: _____	Relationship: _____
	Home No: _____	Office No: _____
	Hp No: _____	Email Add: _____

Occupation Status: Owner Occupied (Please complete Section B)

Leased Out (Please complete Section C)

Section B: Residents' Particulars

Name of Person Residing in Unit: (Dr/Mr/Mrs/Ms)

(1) _____ NRIC/FIN No.: _____

(2) _____ NRIC/FIN No.: _____

(3) _____ NRIC/FIN No.: _____

(4) _____ NRIC/FIN No.: _____

Contact No. of Owner : _____ (H) _____ (Hp)
 _____ (Off) _____ (Email)

Vehicle No. (If residing in the estate) : _____

Employing Maid : Yes / No

Section C: Tenant's Particulars

Name of Tenant : (Dr/Mr/Mrs/Ms)

(1) _____ NRIC/FIN No.: _____

(2) _____ NRIC/FIN No.: _____

(3) _____ NRIC/FIN No.: _____

(4) _____ NRIC/FIN No.: _____

Contact No of Tenant : _____ (H) _____ (Hp)
 _____ (Off) _____ (Email)

Vehicle No : _____

Employing Maid : Yes / No

Tenancy period : _____ (commencement) _____ (expiry)

I hereby declare that the above particulars are true and complete.

Signature of Subsidiary Proprietor

Date

For Official Use Only

Updated by:

Name & Signature of
Management Staff

Date