

**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 004**

**PROXIMITY CARD APPLICATION FORM**

**Resident's Particulars**

Name : _____	Contact No : _____ (home)
Block: _____	_____ (mobile)
Unit: # _____	_____ (office)

**Payment Details**

Proximity Card(s) Required : (subject to availability and non-refundable)	Qty. : _____	Amount : \$ _____
Each Proximity Card costs S\$30.00	[ <input type="checkbox"/> ] Cash	[ <input type="checkbox"/> ] Cheque No. _____
<p>Note : 1. All cheque payment should be made payable to "MCST Plan No 3635".                  2. Post-dated cheques are not acceptable.                  3. Resident is required to produce the necessary documents to proof ownership and/or residency at The Seafront on Meyer.</p>		

**Undertaking by Resident**

I confirm that I have read and will abide by the House Rules governing the use of the **Proximity Card** as contained in the Resident Guide Book or any changes thereafter as determined by the Management.

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

\_\_\_\_\_  
Date

**FOR OFFICAL USE**

New Proximity Card No(s). : \_\_\_\_\_

Replaced Proximity Card No(s) (if applicable) : \_\_\_\_\_

Acknowledgement/Receipt No. : \_\_\_\_\_ Date of Issue : \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date