



**BADAN PENGURUSAN BERSAMA KETUMBAR HEIGHTS KONDOMINIUM**

No.5, E-3-4, Ketumbar Height Condominium

Jln 6/95B, Taman Cheras Utama,

Tel : 03-42966280

Email : ketumbarheightsmo@gmail.com

**WORK AUTHORISATION FORM**

**RESIDENT / OWNER / TENANT PARTICULARS :**

OWNER'S NAME :			UNIT NO/HOUSE NO :		
STATUS :	<input type="checkbox"/>	OWNER	<input type="checkbox"/>	TENANT	PHONE NO :
DATE OF WORK :					EXTENTION WORKS (FOR RENOVATION ONLY):

**CONTRACTOR'S PARTICULAR**

COMPANY NAME:		COP & SIGN:	
VEHICLE NUMBER (1)	(2)		
COMPANY CONTACT NO :			
PERSON INCHARGE :	I/C NO:	H/P NO :	
WORKES NAME : 1)	I/C NO:	H/P NO :	
2)	I/C NO:	H/P NO :	
3)	I/C NO:	H/P NO :	
*REMARK: REQUIRED PHOTOCOPY I/C/ PASSPORT OF WORKERS			
I/We hereby confirm that the information provided herein is accurate, correct and completed	SCOPE OF WORK , PLEASE MARK <input checked="" type="checkbox"/>		
	MOVING IN / DELIVERY IN <input type="checkbox"/>	MOVING OUT FROM KH <input type="checkbox"/>	
	AIRCOND INSTALLATION <input type="checkbox"/>	ELECTRICAL SERVICES <input type="checkbox"/>	
	AIR-COND SERVICING <input type="checkbox"/>	PAINTING HOUSE <input type="checkbox"/>	
	INSTALL WATER FILTER <input type="checkbox"/>	MAJOR RENOVATION <input type="checkbox"/>	
	PLUMBING SERVICES <input type="checkbox"/>	MINOR RENOVATION <input type="checkbox"/>	
	ASTRO/ INTERNET <input type="checkbox"/>	HALL RENTAL <input type="checkbox"/>	
Applicant Signature _____	OTHERS : _____		
Date :			

**PERMIT WORKING TIME :**

MONDAY TO FRIDAY	9:00 AM - 5 : 00 PM	MATERIALS DELIVER ON SITE MUST ACCORDINGLY TO THE TIME ALLOW
SATURDAY	9:00 AM - 3: 00 PM	
SUNDAY & PUBLIC HOLIDAY	STRICTLY NOT ALLOWED	

ALL VALUED PROPRIETOR AND RESIDENTS ARE REQUIRED TO PAY A SUM OF RM200 FOR INSTALLATION, MOVING IN & OUT, AND ANY DELIVERY. DEPOSIT RM500 FOR MINOR WORKS & RM1000 FOR MAJOR RENOVATION (CIVIL) PER UNIT BEING SECURITY DEPOSIT TO COVER ANY DAMAGE CAUSED BY CONTRACTOR/OWNER.  
 \* DEPOSIT REFUND :- AFTER 48 HOURS WORK COMPLETED , CLAIM WITHIN 1 MONTH WITH COPY OF THE APPLICATION FORM, PAYMENT RECEIPT & COPY OF NRIC.  
 \* FAILURE TO COMPLY THE ABOVE, SECURITY DEPOSIT WILL BE FORFEITED.

OFFICER USE ONLY		AFTER WORK COMPLETED	
DEPOSIT AMOUNT :		REFUND BY :	
PAYMENT MODE :		REFUNDED TO :	
DATE :	STAFF NAME :	REFUND DATE :	
SIGNATURE & STAMPING BY MANAGEMENT OFFICE STAFF		REFUND AMOUNT :	
		SIGNATURE :	