

UPDATE OF PARTICULARS

DR011

Dear Subsidiary Proprietors / Residents

We seek your cooperation to update our records by completing and returning this form to the Management Office thru fax 6634 8992 or email enquiries@dakotaresidences.net

This is to enable the Management to contact and communicate with you and/or your tenant promptly when necessary, especially in times of emergencies or urgent requirements, and to direct all relevant correspondences to your correct mailing address.

Please therefore assist to complete the required information below and have this form duly signed and submitted to the Management. All information will be kept confidential and will not be circulated.

By providing your personal data (e.g. name, contact, identification and/or vehicle number) to us, you agree that MCST 3634 (“**Organisation**”) may collect, use and disclose such information for security and monitoring purposes. You further agree that such information may be disclosed to the Organisation’s related corporations and third parties who provide services to the Organisation.

Thank you.

Yours truly

The Management (MCST 3634)

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Note :

- a) Please Complete all
- b) Registered information is for Management and security purposes only.
- c) Please denote “N.A” for Not Applicable in any of the items below.

(Please tick)

BLOCK / UNIT#: _____ OWNER TENANT POWER OF ATTORNEY

Main Resident		
Correspondent / Mailing Address		
Permanent Address		
NRIC / Passport No.		Nationality
Mobile No.(s)		
Telephone No.	(Home)	(Work)
Email Address	(Personal)	(Work)

Spouse Name		
NRIC / Passport No.		Nationality
Mobile No.(s)		
Telephone No.	(Home)	(Work)
Email Address	(Personal)	(Work)

IF YOUR APARTMENT IS LEASED:- (please attached a copy of **Tenancy Agreement** for our records)

- Terms of Lease: _____ Agent Name & Contact No.: _____
- Period From: _____ to _____

PARTICULARS OF OCCUPANTS:-

Name	NRIC/Passport No.	Relationship	Mobile No.
1)			
2)			
3)			
4)			
5)			

LIST OF VEHICLE NO. :- (This is for our records only and is not for registration purposes)

1)	2)
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IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING:-

Name	Contact No.
1)	
2)	

My preference of communication from Management (Mailers, Updates and Correspondence from Management office, etc)

By Email

By Mail

Signature of Subsidiary Proprietors / Residents

Date

For Official Use

Date of Update : _____ Updated By : _____