



P - PARKING INTERNATIONAL PTE LTD

No.33, Ubi Ave 3, #06-24, Vertex Tower B, Singapore 408868.

Tel : 6749 4119 Fax : 6749 3689 E-mail : season_admin@pparking.com.sg

Co. Reg. No. 200002005E GST Reg. No. 20-0002005-E

Season Vehicle Transfer Form

Car Park : _____

Name of Applicant : _____

Company : _____

Address : _____ Tel : _____

_____ H/P : _____

Permanent Change Temporary Change

| No | Existing Season | | New Season | | Date | | Remarks |
|----|-----------------|--------|-------------|--------|------|----|---------|
| | Vehicle Nos | IU Nos | Vehicle Nos | IU Nos | From | To | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

Terms & Conditions,

- 1) \$10 admin fee (inclusive of GST) is chargeable for every change of vehicle nos/IU Nos. except vehicle that send for regular service/due to accident/vehicle IU faulty.
- 2) \$10 admin fee will be refunded only if proof of document together with season vehicle transfer fee claim slip submitted within 3 working days after original season vehicle has returned to car park.
- 3) Transfer form must be endorsed with company stamp and company authorized signature.
- 4) The processing period for the change of vehicle information is at least 3 working days from the date of submission of form.
- 5) No refund of hourly parking fee if inaccurate information is provided during submission of form.
- 6) Hourly parking fee incurred during processing period will not be refunded.

I hereby declare that the above details given are true and correct.

I shall abide by the terms and conditions stated above.

Authorized Name / Signature / Date

Company Stamp

Season Vehicle Transfer Fee Claim Slip

| S/N | Existing Season | |
|-----|-----------------|--------|
| | Vehicle Nos | IU Nos |
| 1 | | |
| 2 | | |
| 3 | | |

** Please present this slip together with a copy of document proof submitted within 3 working days after the original season vehicle has returned to car park.
Admin fee will be forfeited if the above required document do not reach us within the 3 working days.

| <u>Received By Staff</u> | |
|--------------------------|---------|
| Name | : _____ |
| Signature | : _____ |
| Date | : _____ |
| Amount | : _____ |

| <u>Collected By Customer</u> | |
|------------------------------|---------|
| Name | : _____ |
| Signature | : _____ |
| Date | : _____ |
| Amount | : _____ |