KOPERASI MCIS BERHAD (2144)

PARKING CLAIM FORM

PERSONAL DATA

FULL NAME (as per NRIC): _____ NRIC NO: _____.

CONTACT NO: _____. EMAIL ADDRESS: _____.

TENANT/COMPANY NAME: _____.

VEHICLE INFORMATION

VEHICLE REGISTRATION NO: _____ VEHICLE MODEL: _____.

PARKING DETAILS

PARKING TYPE: RESERVED / SEASON / VISITOR PARKING AREA: B1 / B2 / B3

CLAIM DETAILS

CHARGES: RM _____

DATE OF CHARGES: ____/____/_____

CLAIM REASON: _____

_____

_____

DEBIT CARD / CREDIT CARD / TOUCH n GO

ATTACHMENT (PROOF): _____

REFUND DETAILS

BANK ACCOUNT NUMBER: _____

BANK NAME: _____

Terms and Conditions

1. Proof to be provided within 14 days of charged date for claim approval.
2. All approvals are subject to management upon investigation.
3. Refund will be done within 30 to 45 days into the provided account number via cheque.

ACKNOWLEDGEMENT: I ACKNOWLEDGE THAT ALL THE INFORMATION PROVIDED ARE TRUE, I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS.	KOP MCIS OFFICE USE ONLY APPROVED BY
NAME:	NAME:
SIGNATURE:	SIGNATURE:
DATE:	DATE: