

Management Corporation Strata Title Plan No .4663
GST No.: M90372695R

DATE: _____ TIME: _____

SECTION I – TYPE OF APPLICATION

I / We hereby apply for

- a. Section 47(1)(a) – Particulars of chairman, secretary and treasurer of the management and managing agent appointed under section 66 of the Act. (\$5.00)
- b. Section 47(1)(b) – Information of the follows
(\$15.00 per hour or part thereof at each attendance)
- Strata Roll
- Types of Plans, Certificates in Section 26(4)
*Floor Plan/Strata-Title Plan/Other Plan (specify: _____)
- Notices and orders referred to in Sect 29(1)(g) of BMSMA
() Section 28 of Building Control Act
() others: _____
- Minutes
() *AGM/EOGM (specify which meeting & date: _____)
() Council meeting (specify which meeting & date: _____)
- Books of Account for period: _____
- Current Policies of insurance & receipt for last premium paid
() Fire; () Public Liability; () Workmen Compensation;
() Error & Omissions; () Money
- Other record or document in the custody or under the control of the management corporation
(specify which record or document : _____)
- c. Certificate pursuant to section 47(1)(c) of BMSMA for property no. _____
(\$25.00)

Copying charges are as follows:

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All Charges are subjected to GST.

Application would be processed upon receipt of payment. All cheques shall be made payable to “MCST Plan No. 4663”

**Delete accordingly*

SECTION II – PARTICULARS OF APPLICANT

Name: _____ Tel: _____
Address: _____

Interest in the property

- Owner/Subsidiary Proprietor Prospective Purchaser
- Tenant (for plans only) Others (specify) _____ (plans only)

By signing this application form I/we expressly give consent to the management collecting, using & disclosing personal data provided in the form for the purposes of estate management and future communication related to this estate. I/we will not use any personal data from the document obtained under this application for any purpose without the consent of the **MCST Plan No. 4663**.

Signature of Applicant / Date
FOR OFFICAL USE

Fee Paid: \$..... OR No. Received by: on

No. of copies: Applied by: Date :