



Elite Parking (s) Pte Ltd  
318 Lavender Street  
Singapore 338819  
Tel : 62259401 Fax : 62212262,62222181

## Refund OF PASSCARD DEPOSIT

To be completed by Applicants

Applicants:		Car Park Location :	
1. Passcard No(s) :			
2. Vehicle No(s) :			
3. Cheque made [payable to : (Please specify full name of co. or personal name per I/C)			
Mailing Address :			
Contact No(s):		Fax. No(s) :	

Kindly return the passcard(s) and this original form to the car park cashier and have the cashier acknowledge the receipt of the passcard(s) below. Fax this form to our office for immediate processing or refund.

\_\_\_\_\_

Date

\_\_\_\_\_

Company Stamp & Signature

Car Park Cashier received Passcard(s):		Date:	
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For official Use	
Deposit Refundable:	
Deduction (Specify if any):	
Amount Refundable & Cheque No.	
Name of Supervisor/Signature/Date	