



Application for Parking Permit of Staff Quarters

Name _____	Staff I/D No. _____
Post _____	Office Tel. No. _____
Department _____	Home Tel. No. _____
Address _____	
Area of parking being applied : TCY / NSY / AEB *	
Particulars of vehicle/s (please attach or present the following documents to the Management Services Counter for checking during the application)	
<input type="checkbox"/> Vehicle Registration Number (s) and make	_____
<input type="checkbox"/> Expiry Date of Vehicle Licence(s)	_____
<input type="checkbox"/> Relation with Applicant (if the registered owner of the vehicle is not the applicant)	_____
<p>I have read and agreed to comply with the Regulations on Use of Staff Quarters' Carpark stated overleaf. Should I contravene any provisions of the aforesaid conditions and regulations, I understand the University has the right to withdraw and forfeit the permit issued to me without any compensation.</p> <p>I also authorize the University to recover any damages made by me under the Conditions of Parking and Regulations from any payment due to me.</p>	
_____	_____
Date	Signature of Applicant
<p>FOR INTERNAL USE ONLY</p> <p><input type="checkbox"/> Checked & confirmed by <u>TCY / NSY / AEB</u> * Management Services Counter on _____</p> <p><input type="checkbox"/> Received by FMO Head Office on _____</p> <p><input type="checkbox"/> Permit expired on _____</p> <p><input type="checkbox"/> Permit completed & issued to <u>TCY / NSY / AEB</u> * Management Services Counter on _____</p>	

*Circle whereas appropriate