

JALIL CITY CENTRE@BUKIT JALIL

(A Signature Development by The Ho Hup Group of Companies)

REGISTRATION OF INTEREST

PERSONAL DETAILS

Name :

NRIC No : Nationality :

Occupation : Gender : Male Female

Contact No : (HP) (Hse/Off) :

Email

Mailing Address:

..... Postcode :

Marital Status : Married Single No. of Children :

Monthly Income: Below RM5,000 Below RM10,000 Below RM15,000

Below RM20,000 Above RM20,000

TYPE OF PROPERTY OF INTEREST

1. Shop Office:	3. Apartment / Condominium:	4. Office Suites / SOVO:
a. 3-Storey <input type="checkbox"/>	a. Below 700 sq.ft. <input type="checkbox"/>	a. Below 700 sq.ft. <input type="checkbox"/>
b. 4-Storey <input type="checkbox"/>	b. 700 - 1,000 sq.ft. <input type="checkbox"/>	b. 700 - 1,000 sq.ft. <input type="checkbox"/>
c. 5-Storey <input type="checkbox"/>	c. 1,000 - 1,300 sq.ft. <input type="checkbox"/>	c. 1,000 - 1,300 sq. ft. <input type="checkbox"/>
2. Retail / Shoplot <input type="checkbox"/>	d. 1,300 - 1,600 sq.ft. <input type="checkbox"/>	d. 1,300 - 1,600 sq.ft. <input type="checkbox"/>
a. 500 - 800 sq.ft. <input type="checkbox"/>	e. 1,600 - 2,000 sq.ft. <input type="checkbox"/>	5. Others (please describe)
b. >800 sq.ft. <input type="checkbox"/>	f. Above 2,000 sq.ft. <input type="checkbox"/>

TELL US HOW YOU CAME TO KNOW OF OUR DEVELOPMENT?

Newspapers <input type="checkbox"/>	Brochure/ Leaflet <input type="checkbox"/>	From Bankers <input type="checkbox"/>
Magazine <input type="checkbox"/>	Road Show / Exhibition <input type="checkbox"/>	Our Staff / Agents <input type="checkbox"/>
Billboards <input type="checkbox"/>	Through Friends <input type="checkbox"/>	Our Purchasers <input type="checkbox"/>

NOTICE TO PROSPECT / REGISTRANT

This "Registration of Interest" form is issued free-of-charge. It is not a booking form, nor does it in any way constitute as a confirmation of sale. It is solely for the record of party (ies) who have an interest in our development.

Actual sale(s) is based on a "first-come-first-served" basis, and upon payment of Booking Fee.

Name of Staff : Date Attended :

Name of Referral (if any) :

Acknowledge By : Signature :