



**APPLICATION FORM FOR THE USE OF MULTI-PURPOSE
FUNCTION ROOM AND AUDIO-VISUAL ROOM**

Name of Applicant : _____

Block No. : _____ Unit No. : _____

Contact Nos. : _____ (Res) _____ (Off) _____ (Hp)

Time of Booking : (AM) 1000 hrs to 1500 hrs
(PM) 1700 hrs to 2200 hrs (Mondays to Fridays)
(PM) 1700 hrs to 2300 hrs (Saturdays, Sundays and Public Holidays)

Date of Booking: _____

Purpose of Booking: _____

No. of People Attending: _____

Please note that a booking fee of **S\$30.00** and a refundable deposit of **S\$100.00** are required for the purpose of utilizing the Multi-Purpose Function Room and Audio-Visual Room. Both the payment and deposit are to be issued via cheque, payable to "The MCST Plan No. 4058".

I/We hereby wish to reserve the Multi-Purpose Function Room and Audio Visual Room on the above-mentioned date and time. I/We agree to abide by the rules & regulations governing the use of the room as stated in the House Rules of L'VIV. I/We also understand and agree that our refundable deposit of **S\$100.00** will be deducted in part or forfeited in full should I/we fail to clear all debris, leave the room dirty and untidy after usage, cause any damage to the room or fail to use the Multi-Purpose Function Room after I/we booked it.

Signature of applicant

Date

For Office Use:

Booking fee paid by: Cheque (Bank _____ Cheque No. _____)

Deposit paid by: Cheque (Bank _____ Cheque No. _____)

Name & Signature

Date received

Note: 1. No food warming inside Multi-Purpose Function Room/Audio Visual Room
2. Strictly no cooking at Clubhouse

Handing over of the Multi-Purpose Function Room/ Audio Visual Room after use to the Management in *good order/not in order.

Remarks: _____

Acknowledged by:

Name and Signature: _____ Date: _____

Refund of Deposit

I / We hereby acknowledge the receipt of the refund of S\$ _____ via cheque
(Bank _____ Cheque No. _____)

Name & Signature

Date Received

* Delete which is not applicable.

“By providing your personal data to us, you agree that MCST 4058 may collect, use and disclose such information for security and monitoring purposes. You further agree that such information may be disclosed to MCST’s related corporations and third parties who provide services to MCST 4058.”

Checklist for Multi- Purpose Function Room

Item	Qty	Before	After	Remark
Long Brown Tables	2			
Leatherette Chairs	20			
Wooden Side Chairs	2			
Circular Side/Coffee Table	1			
Silver Dustbin	1			

Checklist for Audio Visual Room

Item	Qty	Before	After	Remark
Samsung SMART TV	1			
SONY DVD (Blu-ray) Player	1			
BMB Digital Echo Amplifier	1			
MIPRO Wireless Microphones	2			
BMB Wall Speakers	2			
L-Shaped Couch	1			
Coffee/Center Table	1			

- Please Tick (√) if all items are in good working condition
- Please indicate (X) for items which are not in good working condition

Before Use,
Owners / Tenants, please acknowledge before use of the facility

Name & Signature

Date

After Use,
Checked By:

Security Officer Name & Signature

Date