



MARINA BAY RESIDENCES
MANAGEMENT OFFICE
18 Marina Boulevard #07-01
Singapore 018980
Tel: 6603 6000 Fax: 6603 6010

APPLICATION FOR RENTAL OF TABLE & CHAIRS

APPLICATION RECEIVED ON:

DATE: _____ TIME: _____

Particulars of Owner / Tenant

Name : _____ Owner / Tenant*

Unit No. : # _____

Contact Nos. : _____ (Residence) ; _____ (Handphone)

Details of Rental

(All payments shall be by Cheque only and made payable to "MCST PLAN NO. 3593")

Date of Rental :

D	D	/	M	M	/	Y	Y	Y	Y
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Session : ☐ Day 10.30 am to 3.30 pm ☐ Evening 5.00 pm to 10.00 pm

Items Required (Please tick <input checked="" type="checkbox"/> in appropriate box)		
Description		Rental Rate
<input type="checkbox"/>	Set of 1 table & 10 chairs	\$25.00 per Session
<input type="checkbox"/>	Set of 2 tables & 20 chairs	\$50.00 per Session
<input type="checkbox"/>	_____ additional chair(s)* @ \$2.00 each	\$_____ per Session
<input type="checkbox"/>	_____ additional table(s)* @ \$5.00 each	\$_____ per Session

* Only a maximum of 2 tables and 10 chairs are available for rental

Location of Event			
<input type="checkbox"/>	Function Room #01	<input type="checkbox"/>	BBQ Pit #01
<input type="checkbox"/>	Function Room #02	<input type="checkbox"/>	BBQ Pit #02
<input type="checkbox"/>	Function Room #03	<input type="checkbox"/>	Others (please specify) : _____

Please note that the maximum capacity of each facility is required to be observed. Maximum capacity: Function Room 1 – 55; Function Room 2/3 – 30; BBQ Pits – 15

Issuance & Acknowledgement of Items		
Condition of Items		
Satisfactory	Not Satisfactory	Remarks
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
Received By		Issued By
Resident's Signature		Name
Date & Time		Signature

Acknowledgement

I / We, hereby confirm that I / we will be fully responsible and will indemnify the Management the sum of \$58.00 per table and \$20.00 per chair for each table and / or chair that is / are loss or damaged.

Signature

Date

For Official Use

Rental Payment

	Description	Amount
<input type="checkbox"/>	Set of 1 table & 10 chairs	\$
<input type="checkbox"/>	Set of 2 tables & 20 chairs	\$
<input type="checkbox"/>	_____ additional chair(s)* @ \$2.00 each	\$
<input type="checkbox"/>	_____ additional table(s)* @ \$5.00 each	\$
	Total Payable	\$

Payment Received : \$ _____

Cheque No : _____
(please attach cheque image)

Received By : _____

Return of Tables & Chairs

Date / Time of Return : _____ Checked By : _____

Condition of Tables & Chairs : ☐ Items returned in Good Condition
☐ Items Loss or returned in Unsatisfactory or Damaged Condition (see below)

Items Loss or Damaged	Quantity	Unit Rate	Amount Payable
<input type="checkbox"/> Table(s)		\$58.00	\$
<input type="checkbox"/> Chair(s)		\$20.00	\$
	Total Payable		\$

Payment Received : \$ _____ Cheque No.: _____ Received By: _____
(please attach cheque image)