



Apartment Enquiry Form

Fax Number : 2836 0201

Date : _____

(A) Personal Information

Company Name : _____

Contract Person : _____

Address : _____

Tel No. : _____ Fax No. : _____

Mobile No. : _____ E-mail : _____

(B) Property Requirements

Usage : Company Quarters
 Personal Use Others : _____

No. of Rooms Required : _____ Total No. of Resident : _____

Budgeted Rental per month: _____

Move in Date : _____

Lease Term : _____ Year (Not less than 12 months lease)

Preference :

Floor : 19-29/F 11-18/F 6-10/F

View : Harbour City

Furniture : Equipped No need to provide

Services : Pick Up Laundry Self-Laundry House Cleaning Services

(C) Remarks : _____

Enquiry Hotline : 3583 2200 / 2838 9163