

APPLICATION FOR E-STATEMENT

Member's Name: (Dr/Mr/Mrs/Ms/Mdm) _____

Membership No.: _____ NRIC No. / PASSPORT No.: _____

Email Address: _____
(This field is mandatory; email address provided will be used for e-statements notifications)

- ☐ This is to confirm that I consent to receive my statement of account electronically.
I understand and accept that no paper statement will be sent to me with effect from the next billing cycle.

Signature of Member

Date

Please submit the completed form to the Front Desk (Level 2) or email to membership@one15marina.com.

FOR OFFICIAL USE

Received On: _____ Received By: _____

Updated On: _____ Updated By: _____