## **Transponder Request Form**

Please complete this form and submit it with relevant documents to <a href="mailto:communities@ecm.ae">communities@ecm.ae</a> for approval. Once it is ready for collection, you will receive an email notification.

**COMMERCIAL PROPERTY** 

Employee details				
COMPANY DETAILS		APPLICA	APPLICANT DETAILS	
Company name:			Owner Tenant	
Applicant name:		Designation:		
Bldg / level / unit no:		Mobile no:		
Telephone no:		License plate no:		
Email:	il: Allocated parking bay no:			
Request for: New transponder(s) Replacement				
In case of replacement Old transpond	ler no(s)*:	Reason for replacer	ment:	
Required documents (copy only):				
Car registration Driving license *As applicable (if you own the unit you occup	Emirates ID by, you do not need to subn	Sale agreement* nit these documents.)	Tenancy contract*	
<ul> <li>Community Rules</li> <li>Transponders will not be issued if there are any outstanding Community Service Fee (CSF) payments against the commercial unit</li> <li>The charge for a single transponder is AED 200; this also applies in cases of replacement and the previous transponder will be deactivated</li> <li>The number of transponders will be issued according to the number of parking bays allocated to the commercial unit</li> <li>Users and their respective companies must clearly define their assigned parking bays with their company signage. In case of replacement, a charge of AED 200 will be applicable and the previous transponder will be deactivated</li> <li>Misuse of transponders can lead to deactivation without prior notification to the applicant</li> <li>Emaar Properties PJSC or any of it's subsidiaries, representatives etc bears no liability for any loss / damage that may arise from tailgating or aiding illegal access</li> <li>I hereby acknowledge that I have read and understood the terms and conditions mentioned above. I also understand that my company will be charged a penalty fee if I do not comply with these terms.</li> </ul>				
Name:			***************************************	
Designation:				
Applicant's signature		Date	Company stamp	
Card received by	Signature:		Date:	
For office use only				
Request received on:		Outstanding CSF payments*:		
New transponder no(s):		Receipt no:		
Old transponder no(s)*:	d transponder no(s)*:		Payment receipt attached:	
Old transponder(s) deactivated:		Card issued by:		
Required documents attached:	Signature:	Dat	re:	
Comments: *If applicable				