BANGSAR TRADE CENTRE
AIR-CONDITIONING TIME SCHEDULE
(FIRST HANDOVER REQUEST/ CHANGE REQUEST)

To: Bangsar Power System Sdn Bhd ("BPS") **Serial No: _____**

TO BE COMPLETED BY TENANT / LANDLORD / OCCUPIER

1. I/We request the following scheduled air-conditioning operating hours for my/our office.
2. I/We acknowledge and agree to comply with the scheduled air-conditioning operating hours approved by BPS.
3. Should I/we wish to change the scheduled air-conditioning operating hours, I/we agree to pay RM20.00 for each schedule change as an administrative charge. I/We shall submit the request to BPS at least one (1) working day in advance, and any such change shall be subject to BPS's approval. A separate form is available from the BPS Office for this purpose.
4. I/We agree to pay the applicable air-conditioning charges at the rates stated herein.
5. I/We agree to promptly settle all bills and charges by the due date at the applicable rates stated herein. Failing this, BPS reserves the right to suspend or terminate the air-conditioning supply. BPS shall not be held liable for any loss, damage, inconvenience, or consequence arising from such suspension or termination of the air-conditioning supply due to non-payment.

Unit No: _____ Co. Name: _____

Authorised person (Name in full): _____ Contact No: _____

Signature : _____ Date: _____

AIR-CONDITIONING – OPERATION TIMES

Commencement Date : | | | – | | | – | | | | |

(1) WEEKDAYS

Monday to Friday _____		am/pm		am/pm
Exception : Day _____		am/pm		am/pm

(2) WEEKENDS / PUBLIC HOLIDAYS

Saturday_____		am/pm		am/pm
Sunday_____		am/pm		am/pm

Operation hours
Normal Hours
(i) Week Days : 8.00 am to 7.00 pm
(Excluding Public Holidays)
(ii) Saturday : 8.00 am to 1.00 pm

RATE OF CHARGES – OFFICE SUITES
RM0.0036 per hour per sq. ft.

Overtime Hours
(i) Week Days : 7.00 pm to 8.00 am
(ii) Saturday : 1.00 pm to 8.00 am
(iii) Sundays/Public Holidays : 24 hours

RM0.0180 per hour per sq. ft.

(FOR OFFICE USE ONLY) : **Received by Bangsar Power System Sdn Bhd:-**

Name : _____ Signature : _____ Date : _____ Time : _____

(FOR OFFICE USE ONLY) : **Action by Maintenance Department :-**

Name : _____ Signature : _____ Date : _____ Time : _____

Note : **BPS to file in Tenant's/Landlord's/Occupier's Hand-over/Deposit Receipt File.**