

Suite 1-9-W1, 9th Floor, CPS Tower, Centre Point Sabah, No.1 Jalan Centre Point, 88000 Kota Kinabalu, Sabah, Malaysia.

Tel: 088-246900 Fax: 088-231743

WHEELCHAIR RENTAL AGREEMENT

Responsible Party Name	: Date :
Address	:
Contact No.	:NRIC/ Passport No :
Time Received	: Time Return :
Deposit	:
WHEELCHAIR MUST BE	E RETURNED IN ORIGINAL CONDITION & PERFECT MANNER AS IT WAS
Terms and Conditions:	<u>LEFT</u>
served basis. No Whe 2. Renter must be at leas The maximum weigh	ole at Ground Floor, Information Counter and to be serve based on first-come, first-celchair reservation was applied & quantities are limited. st 18 years of age and a copy of NRIC/ Passport details is required to rent Wheelchair. It capacity is 150 kg. Wheelchairs are not designed to hold more than one person the require a deposit RM100, and this deposit will be refunded after Wheelchair is
returned in perfect co beyond the premise o Wheelchair. 4. If the returned Wheel- for the works of repai	Indition together with original receipt. Wheelchair is strictly not allowed to be access of Center Point Sabah shopping Mall; penalties may incur for the lost/ broken of the lost incurred in the los
cannot be repaired. By signing this form, I acknow condition set forth herein. I als stated terms & condition.	vledge that I have read Wheelchair Rental Agreement and understand the terms & so agree to the charges being made and will give full cooperation to apply the above
	Date : Date :
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Payment Deposit Wheelch	hair Receipt.
Received from:	Date: Deposit Amount:
*please keep receipt for deposit refur to 9:30 pm *(please return the wheel	nd at Ground Floor Information counter*mall operationtime is 10:00 am chair before 9:15pm)