TREGONING
MAINTENANCE

OFFICECARE MEMBERSHIP REGISTRATION FORM

BUSINESS DETAILS

Company / trading name _____

Trade licence number _____

Office address _____

Building / community _____

Authorised contact _____

Job title _____

Email _____

Mobile / WhatsApp _____

MEMBERSHIP SELECTION

Plan: ■ Essential ■ Plus ■ Premium

Office size (sq ft) _____

Number of employees _____

Number and type of AC units _____

Operating days and hours _____

Preferred contact method _____

PREMISES & ACCESS

Building management / landlord contact _____

Parking / loading instructions _____

Access permits or NOCs required _____

Restricted or sensitive areas _____

Known defects / current maintenance issues _____

ASSET INFORMATION

Number of toilets / washrooms _____

Pantry / kitchen facilities _____

Distribution boards _____

Server / communications room _____

Fire-safety contractor _____

Other specialist systems _____

PAYMENT

Annual membership fee (AED) _____

VAT (AED) _____

Total payable (AED) _____

Payment terms / method _____

PO number (if applicable) _____

Commencement date _____

Renewal date _____

CUSTOMER DECLARATION

I apply for Tregoning OfficeCare and confirm that the information supplied is accurate. I have received and accept the proposal, selected plan, OfficeCare Membership Guide version 1.0 dated 6 August 2026, service limits and exclusions. I am authorised to enter into this agreement for the company named above.

Authorised name and job title _____

Signature _____

Date _____

Tregoning representative _____

Membership number _____