

Form-09 Taking Over Certificate Application

* IT IS MANDATORY TO COMPLETE ALL INFORMATION AS REQUESTED IN THE FORM *

TIP use only

Date of Receipt of Application:

Decision:

Date:

1. Project Information

Project Title:

Project Number:

Zone #:

Plot #:

Project start Date

Original Completion Date

Revised Completion Date

2. Applicant Details

Person:

Telephone (Office)

Alternate Tel. (Mobile)

Position

Company

E-mail address

Declaration

I, the undersigned do hereby declare that all information above and attached to this application is true and correct.

I further agree to the terms and conditions shown herein.

Signature:

Official Company Stamp

Documents establishing qualifications, registration and experience of the Contractor have to be submitted along with this application.

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3. Taking Over Completion Certificate Application Requirements

Submission Requirements - Hard and Soft Copies to be submitted

Requirements

1. Taking Over Committee Members

- Approval of taking over committee members to be submitted.

2. Site Inspection Report

- All the mentioned parties have to submit a site inspection report which declare all the works which to be done or rectified in accordance with TIP Building Controls and Regulations.
- Snag List to be attached.

Confidentiality of Information

TIP acknowledges that all the information received within and attached to this application is considered confidential and may not be used for purposes other than this application and the operation of building to which this application relates.

F05-B

Application Approval Form

Project Name : _____

Ref Number : _____

Developer : _____

Consultant : _____

Contractor : _____

HSE <input type="checkbox"/> Approved <input type="checkbox"/> Approved with comments <input type="checkbox"/> Rejected	SECURITY <input type="checkbox"/> Approved <input type="checkbox"/> Approved with comments <input type="checkbox"/> Rejected
IT <input type="checkbox"/> Approved <input type="checkbox"/> Approved with comments <input type="checkbox"/> Rejected	O & M <input type="checkbox"/> Approved <input type="checkbox"/> Approved with comments <input type="checkbox"/> Rejected
Comments : ----- ----- ----- -----	

Approved Approved with Comments Rejected

TIP PLANNING & Commercial DEPARTMENT <input type="checkbox"/> Approved <input type="checkbox"/> Approved with comments <input type="checkbox"/> Rejected
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Signature, Stamp & Date
