

## Completion of Tenant's Fitting Out Work and Refund of Fitting Out Deposit

| 1.We wish to inform you that the Fitting Out Work which you have approved on (date)                                                                                                     |                                                                               |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|--|--|--|--|
| has been completed on(date).                                                                                                                                                            |                                                                               |  |  |  |  |  |
| 2. A copy of each of the following documents is enclosed for your record (please tick all relevant boxes):                                                                              |                                                                               |  |  |  |  |  |
| Certificate of Supervision from Architect/Professional En                                                                                                                               | gineers                                                                       |  |  |  |  |  |
| Acknowledgement Letter/certificate from FSSD for the su                                                                                                                                 | knowledgement Letter/certificate from FSSD for the submission of the plans    |  |  |  |  |  |
| Test certificate for the electrical installation                                                                                                                                        |                                                                               |  |  |  |  |  |
| Joint Inspection Clearance Form (Form F9) with all defe                                                                                                                                 | Inspection Clearance Form (Form F9) with all defects/irregularities rectified |  |  |  |  |  |
| Air-conditioning's chilled water flow report & air balancing report, if applicable                                                                                                      |                                                                               |  |  |  |  |  |
| 3. A set of as-built and as-installed drawings with endorsement from Architect/Professional Engineers and the Building Authorities for the following plans is enclosed for your record. |                                                                               |  |  |  |  |  |
| Architectural Layout Plan                                                                                                                                                               |                                                                               |  |  |  |  |  |
| Ceiling Plan                                                                                                                                                                            |                                                                               |  |  |  |  |  |
| Power/Lighting Installation Plan and Schematic                                                                                                                                          |                                                                               |  |  |  |  |  |
| Fire Fighting & Alarm Installation Plan                                                                                                                                                 |                                                                               |  |  |  |  |  |
| Air-Conditioning & Ventilation Installation Plan                                                                                                                                        |                                                                               |  |  |  |  |  |
| Plumbing & Sanitary Installation Plan                                                                                                                                                   |                                                                               |  |  |  |  |  |
| Public Address System Plan                                                                                                                                                              |                                                                               |  |  |  |  |  |
| Signage Plan                                                                                                                                                                            |                                                                               |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
| 4. Please refund the Fitting Out Deposit of :                                                                                                                                           |                                                                               |  |  |  |  |  |
| Amount: S\$                                                                                                                                                                             |                                                                               |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
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|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
| Authorised Signatory for Tenant & Company Stamp                                                                                                                                         | Name and Designation of Authorised Signatory                                  |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |
|                                                                                                                                                                                         |                                                                               |  |  |  |  |  |

Date

Company Name and Unit Number

## FOR OFFICIAL USE

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|--|-------|--|--|
|  |       |  |  |
|  |       |  |  |

Please refund the Fitting Out Deposit to the payee and address stated in S/N 4 above.

| Signature (on behalf of CapitaLand Commercial Management Pte. Ltd. as Property Manager) | Name and Designation of Signatory |  |  |
|-----------------------------------------------------------------------------------------|-----------------------------------|--|--|
|                                                                                         |                                   |  |  |
|                                                                                         | Date                              |  |  |

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