Draining/Charging Up of Fire Protection System

To: CapitaLand Commercial Management Pte. Ltd.

1. We seek your approval to drain-off/charge up the fire protection system in respect of the Fitting Out Work at our tenanted premises.

Location:				
Contractor:				
Address of Contractor:				
Person-in-charge:				
Contact No.:				
2.System required for draining	ng/charging up:			
Fire Sprinkler System Wet R		Wet Riser System	Hosereel S	System
3. The system is required to	be drained/charg	ed on	(date) from	to
(time). (I	mportant: due to i	nsurance coverage, sprin	kler system must be c	harged back daily
during normal office hour.)				
4. A cheque				_ (bank name and
cheque number) for S\$	being the charges for draining/charging of fire protection			

system is enclosed.

5. We shall ensure all precautions are taken during the draining/charging up of the fire protection system.

6. We shall be fully responsible for any damages that may occur during the draining/charging up of the fire protection system and agree to make good all damages to the satisfaction of the Landlord.

7. We shall take up sufficient insurance coverage to indemnify the Landlord and its agents from any claims arising from the works as stated in the Fitting Out Work Guidelines.

Authorised Signatory for Tenant & Company Stamp

Name and Designation of Authorised Signatory

Company Name and Unit Number

FOR OFFICIAL USE

To:

Your request to carry out the drain-off/charge up work at the date and time specified above has been approved.

Technician-in-Charge:	
Number of control valves affected:	
All isolation done:	Yes / No
Decam station informed:	Yes / No

Signature (on behalf of CapitaLand Commercial Management Pte. Ltd. as Property Manager)

Name and Designation of Signatory

Date

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