APPLICATION FOR RENOVATION WORKS & CONTRACTOR REGISTRATION FORM

Particulars of <i>A</i> Unit To Be Rend		(No.)	(Unit No.)
Name of Applica	•		,
Геlephone No.:			(Mobile)
Particulars of C			
Address:			
3usiness Reg. N	lo.:		
Person-In-Charg	ge:		
Γelephone No.:	(Office)	(Mobile)	(Pager)
Commencemen	t Date:	ate:Completion Date:	
Summary of Pro			
Summary of Pro			
Summary of Pro			
			Signature & Date
Name:			

Company Stamp of Contractor

APPLICATION FOR PERMIT FOR CONTRACTORS

UNDERTAKING

I do solemnly declare that all the particulars I have given in my fittings-out works application are true and correct in every detail, and I have obtained approval of the relevant authorities as required by law to carry out my renovation works.

I agree to pay the penalties decided by the Management for infringement of the Rules or for any nuisance caused, in addition to paying for damages arising from the actions or negligence of my contractors, workmen, or agents

I enclose herewith a cheque of **\$\$1,000.00** being the renovation deposit. I understand that this deposit will be refunded to me without interest upon the completion of my renovation works.

I agree to pay a penalty of S\$100.00 (inclusive of GST) per day to the Management if my contractor fails to clear building material or debris from any part of the common area.

I shall also indemnify and keep the Management indemnified against any claims, loss, injuries and damages whatsoever arising from the above activities

* IMPORTANT NOTES

Before the commencement of fitting-out works:

- a. Please submit a cheque of S\$1,000.00 (payable to "MCST 2006) as deposit.
- b. The contractor is required to submit an insurance policy for public liability of at least \$\$1 million coverage.
- c. A renovation plan (fitting-out-works) must be attached to the application form.

Name of Applicant:	NRIC / Passport No.:
Signature:	Date:
FOR OFFICIAL USE - Permit No. :	C
The bearer of this note is authori	sed to have access to Clementi Arcade for carrying out
renovation works at :	
Unit No. #	
Date of Commencement:	Date of Expiry:
Name of Company :	Name of Contractor
Deposit Collected : S\$1,000.00[By Cash / Receipt No. :
Acknowledgement Slip No. :	Date of Issue :
For and on behalf of MCST 2006 (Name & Signature of Officer):	