

## Form 2 <Fitting Out Application Form>

Office Unit : \_\_\_\_\_

Floor No.: \_\_\_\_\_

### Tenant Information

Name of Tenant : \_\_\_\_\_

Contact Person and Number : \_\_\_\_\_ Office Area : \_\_\_\_\_

Name of Tenant's Contractor : \_\_\_\_\_

Qualification Certificate : \_\_\_\_\_ Business Licence : \_\_\_\_\_

Responsible Person : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Date of Work : From \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date to From \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date,  
total \_\_\_\_\_ Calendar days

Tenant's representative / Contact Number : \_\_\_\_\_

### Management Approval Document

Fitting out work information :	Provided	Not Provided	Remark
1. Drawing submission approval	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. B.R. / Qualification	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Contractor all risk insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Public liability insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Tenant's consultant and contractors list	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Worker registration	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Agreement to responsibility of FS safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Agreement to fit-out work obligation and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Fitting out service fee	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Fitout fee and charge payable	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Fire work permit application	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Local work quality approved document	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Work protective measures	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature of Representative of Management Company / Date : \_\_\_\_\_ / \_\_\_\_\_