

## Form 8 <Office Unit Condition Survey Record>

Name of Company : \_\_\_\_\_

Date of Handover : \_\_\_\_\_

Item	QTY	Sub-total(¥)		
		Normal	Not Provided	Remarks
Main Doors And Metal Accessories				
Floor				
Ceiling				
Wall				
MCB Board				
PT Interface				
Network Interface				
TV Interface				
Smoke Detector				
Sprinkler Head				
Fire Hose Reel/ Hydrant				
FCU				
Smoke Extraction Grilles				
FS Spreaker				
Windows Panel				
Safety Exit				
Key				
Power Meter				
Others				

Tenant is required to reinstate the premises to the original state as of handover upon the sooner termination of tenancy. The relevant cost shall be responsible by tenant [Details reinstatement requirement referes to details of the tenancy agreement].

Tenant representative signature and company chop : \_\_\_\_\_ Date : \_\_\_\_\_

Landlord representative signature and company chop : \_\_\_\_\_ Date : \_\_\_\_\_