

Form 7 <Tenant's Emergency Contact List>

Office Unit : _____

Floor No.: _____

Tenant should read and fill in the following information and submit to Management Company prior to the work.

Representative of Tenant

Name of representative : _____ Name of authorized person : _____

Mailing address : _____ Mailing address : _____

Contact no : _____ Contact no : _____

Mobile : _____ Mobile : _____

Email : _____ Email : _____

Contact person of fitout contractor

Mailing address : _____

Contact no : _____

Mobile : _____

Email : _____

Interior Designer/ Architect

Fitout Contractor / Construction Unit

Company name : _____ Company name : _____

Address : _____ Address : _____

Responsible person : _____ Responsible person : _____

Mobile : _____ Mobile : _____

Email : _____ Email : _____

E&M Contractor

Company name : _____

Address : _____

Responsible person : _____

Mobile : _____

Email : _____

Programme of Work

Fitout work will commence from ____ [YY] ____ [MM] ____ [DD], to ____ [YY] ____ [MM] ____ [DD], Total work period ____ days.

Tenant's / proxy's signature : _____

Date : _____