<< Letterhead >>

<DATE>

Commissioner

Singapore Civil Defence Force (SCDF)

HQ SCDF

91 Ubi Avenue 4

Singapore 408827

Attention: Mr Nicholas Lee / LTC Tong Hong Haey

# <PROJECT TITLE>

RE: Declaration - Receipt of Fire Engineering Reports and briefing by Fire Safety Engineer

<SCDF PB submission reference number(s)>

…

I/We\*, (Owner / Occupier Name) confirm that the Fire Safety Engineer (<Name of FSE>) has briefed us on the performance-based design and all related issues for this performance-based (PB) fire safety submission referenced above.

I/We\* confirm that we have received the complete and latest set (both physical and digital copies) of fire engineering reports for the submission above, including:

1) Fire Engineering Design Brief (FEDB)

2) Fire Safety Engineering Report (FER)

3) Peer Reviewer Report (PRR)

4) Operations and Maintenance Manual (O&M manual)

*[If there is any Undertaking Letter]*

I/We\* are aware of the Letter of Undertaking dated <XXX> regarding … … and agree that any breach of the undertakings contained in this Letter of Undertaking may result in approval of this PB submission being rejected or revoked by SCDF at its absolute discretion. Such undertakings shall be conveyed to any new owner(s) should the building ownership be transferred. We further acknowledge and agree that SCDF further reserves the right to take such action as it deems fit against us. The letter of undertaking is attached together with this declaration.

I/We\* warrant, represent and declare that the undersigned is duly authorised to sign this acknowledgement letter for and behalf of us.

|  |  |
| --- | --- |
| **SIGNED** for and on behalf of | : |
| (name, address and |  |
| stamp of organisation / firm ) |  |
|  |  |
| Signature of Authorised Signatory | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
| Name *(in block capitals)* of Authorised | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signatory |  |
|  |  |
|  |  |
| Designation of Authorised Signatory | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Date | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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\* Please delete accordingly.