

BONUS POINTS FORM K



Construction Productivity & Quality Group
Quality and Certification Department
200 Braddell Road S(579700)

CONQUAS Line: 6730 4400
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CONQUAS BONUS POINTS Use of Prefabricated Bathroom Unit(s)

PROJECT NAME: _____ PROJECT ID NO: _____

MAIN CONTRACTOR: _____

PREFABRICATED BATHROOM UNITS SUPPLIER: _____

- I hereby declare that we engaged the above mentioned supplier to supply prefabricated bathroom units for the project
- Submit copy of Letter of Award between Main Contractor and prefabricated bathroom units supplier
- **All FORMS to be submitted no later than 3 months after project's TOP date**

Total no. of Bathroom(s) (a)	No. of Prefabricated Bathroom Unit(s) (b)	% of coverage (b/a)

Main Contractor Representative's Name, Designation/Signature

Company Stamp/Date

I hereby certify that the above declarations are correct.

Name of Project Qualified Person

Signature/Date/QP's Stamp

Company / Agency Name/ Contact no _____