FORM C - Retrofitting Declaration Form for Non-Residential Building

To: **Building and Construction Authority** 52 Jurong Gateway Road

#10-01

Singapore 608550 Fax: 6334 4031 (BCA)

Email: bca_windows@bca.gov.sg

Dear Sir RETROFITTING OF CASEMENT WINDOWS AT Address of building / unit * **Postal Code DETAILS OF APPROVED WINDOW CONTRACTOR** Office Tel Name & Address of Approved Window Contractor: **Facsimile ACRA Company Stamp:** Registration No Name of Trained Window Installer: **NRIC/FIN No Certificate No** I have been engaged and instructed to inspect and retrofit all the casement windows in the abovementioned building / unit * and certify that all the casement windows variable geometry stays have been retrofitted with stainless steel rivets of type 304 complying with BS EN 10088 or its equivalent. **Signature of Approved Window Contractor** Signature of Trained Window Installer **Date of Completion of retrofitting work** Name of Building / Unit Owner *: Contact No: ACRA / NRIC / FIN No *: _____ Date: ____ Signature:

Note: * Please delete accordingly.