

FORM C - Retrofitting Declaration Form for Non-residential Building

To: **Building and Construction Authority**
5 Maxwell Road #07-00
Tower Block MND Complex
Singapore 069110

Fax: 6325 4437 (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		
Name & Address of Approved Window Contractor:	Office Tel	
	Facsimile	
Company Stamp:	ACRA 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 above-mentioned 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 *: _____

ACRA / NRIC / FIN No *: _____

Contact No: _____

Signature: _____

Date: _____

Note: * Please delete accordingly.