

**INDAH WATER KONSORTIUM SDN BHD**

**HANDOVER SIGN-OFF FORM**

Title :

File No. :

Type of System : **CONNECTION TO EXISTING MANHOLE**

Location :

I hereby certify that the above sewerage works have been constructed under my supervision and to the best of my knowledge, the works has been constructed in accordance with the approved sewerage planning and approved design and Water Services Industry (Planning, Design and Construction of Sewerage System and Septic Tank) Rules 2013 and I accept full responsibility for the sewerage works and the asset is deemed fit for handover. I hereby undertake to issue certification of completion **within 7 days** from the issuance of letter of completion by Certifying Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature & Stamp)

**Qualified Person\***

Name :

I.C :

PE No :

\*The competent person recognized by the Commission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby confirm that we have jointly inspected the sewerage works and confirm my/our intention to handover the above system to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I/we hereby provide **\_\_\_\_\_\_\_\_\_\_\_\_** of Bank Guarantee and agree to make good the defects within the stipulated period, failing which, repair works will be carried out by relevant permit holders and all costs including administration charges to be recovered from the Bank Guarantee in full. I/We hereby confirm that I/we will bear any additional costs for the repair works in the event that the costs exceed t he amount of the Bank Guarantee. I/We hereby confirm that I/we have executed all necessary documents, to effect the transfer of the land on which the said sewerage system is located to the Federal Government. I hereby undertake to surrender the mentioned sewerage system to the service licensee within 7 days from the date of certificate of completion issued by Qualified Person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**Developer (owner)**

Name :

I.C :

Address :

Tel No :

Fax No :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_