13 January 2022

Commissioner

Singapore Civil Defence Force (SCDF)

HQ SCDF

91 Ubi Avenue 4

Singapore 408827

# LETTER OF UNDERTAKING

I/We\*, (Owner / Occupier Name) hereby agree to undertake (measures in support of waiver application) at [Address / Project Title] in accordance with the terms and conditions as set out in our waiver application under Section 59 of the Fire Safety Act 1993.

I/We\* confirm that we will comply with any other Terms and Conditions that Commissioner of SCDF may impose on us in this waiver application.

I/We\* understand and agree that any breach of the undertakings contained in this Letter of Undertaking may result in our application or status of the waiver being revoked by SCDF at its absolute discretion. We further acknowledge and agree that SCDF further reserves the right to take such action as it deems fit against us. In the event that the waiver is revoked, I/We\* understand and acknowledge that any non-compliance shall be rectified by immediately putting in the omitted provisions as required by the Fire Code, and concurrently stopping all operations for the affected areas, until such time TFP/FSC for the fire safety works is obtained from SCDF.

I/We\* understand and acknowledge that the next and any other subsequent owner or occupier of the building shall be informed, and unless the additional measures imposed under this undertaking is upheld, this waiver application will be considered null and void.

I/We\* warrant, represent and declare that the undersigned is duly authorised to sign this letter of undertaking for and behalf of us and that the undertakings contained herein are binding on us and our successors-in-title.

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