

Retrofitting F (This form must b	Form - Form B1 (H	<b>DB Flats)</b> owner to HDB Branch after c	ompletion of	the retrofitting works	)		
To: General M Housing & De	Manager, ( evelopment Board	) Branch					
Dear Sir							
RETROFITTII	NG OF WINDOWS	AT					
BLOCK	_ STREET NAME			UNIT NO. #_		POSTAL CODE _	
		oved window contractor the certification of the					culars of the
DETAILS OF	APPROVED WIN	DOW CONTRACTOR					
Name & Address of Approved Window Contractor:			Office	Геl.			
Company Stamp:			Facsim	ile			
			HDB R	egistration No.			
			ACRA	Registration No.			
Name of Trained Window Installer:		ler:	NRIC/F	IN No.			
			Certific	ate No.			
Windows  I have be flat. I cert	) Order 2004 and E een engaged to ins	ng of casement wind Building Control (Retrofi spect and install safety ng windows have been	itting of Ca	sement Window	s) (Ame ndows i	endment) Order 2007 on the above-mention	red
	e of Approved Wind						
	e of Trained Windov			Date of Window	s Work	Completed	
Name of Flat	Owner:			Signature:			
NRIC/FIN No:	·	Cont	act No:		_ Date:		<del></del>
Note: a. Unde	er Building Control (Retr r 2007, the person resp	ofitting of Casement Window onsible for a casement windo	rs) Order 200 ow shall enga	4 and Building Contr age an approved wind	ol (Retrof	fitting of Casement Windoractor to carry out retrofitti	ws) (Amendm

casement window.

- b. Flat owners are required to engage an approved window contractor listed with HDB for these works
- c. Flat owners are advised to keep a copy of the retrofitting form for their own record purposes.