

List of Completed Projects for BRCRS Application [Types of registration: Registered Fire Service Installation Contractors (Class 1 & 2)]

A. Company Information

Company Name: []
Company Address: []
Types of registration: [Registered Fire Service Installation Contractors (Class 1 & 2)]

B. Project List

- Remarks:
- 1. Assessor will base on this project list to select project(s) for the on-site assessment. The project list **will not** be disclosed to the public.
 - 2. For initial registration, please fill in **all** the completed projects within the past 5 years.
 - 3. Completed project refer the project with final certificate issued or any equivalent documents proof for the completion.
 - 4. For newly formed companies without completed projects, please fill in all the ongoing projects.
 - 5. **Please refer to Section 3.4.2 of the Scheme Handbook (Project Eligibility), and provide project information of all eligible projects.**

	Project Name	Location	Brief description project	Contract Period	Works Contract Sum (HK\$)	Involvement	Date of Practical Completion Certificate	Availability of VO Record	Defect liability period completed	Settlement of Final Payment
E.g	Cosco Tower	No. 183 Queen's Road Central, Hong Kong	Building Rehabilitation	180 calendar days	\$1,000,000	Main-contractor/ Sub-contractor	01/01/2021	Yes	Yes	Yes
1						Main-contractor/ Sub-contractor		Yes / No	Yes / No	Yes / No
2						Main-contractor/ Sub-contractor		Yes / No	Yes / No	Yes / No
3						Main-contractor/ Sub-contractor		Yes / No	Yes / No	Yes / No
4						Main-contractor/ Sub-contractor		Yes / No	Yes / No	Yes / No
5						Main-contractor/ Sub-contractor		Yes / No	Yes / No	Yes / No
...						Main-contractor/ Sub-contractor		Yes / No	Yes / No	Yes / No

* Applicant can submit additional page (if applicable)

I, the representative of the company, hereby declare that all the information provided above is completely true and accurate, and authorize the staff of Hong Kong Building Rehabilitation Facilitation Services Limited and its authorized representative, or the appointed person to make any necessary inquiries or use any means to verify the above information for the purpose of data confirmation and evaluation.

Signature of Authorized Signatory: _____
Name of Authorized Signatory: _____
Title: _____
Date: _____

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