FORM E

CERTIFICATE OF FITNESS OF RESIDENTIAL UNIT

То:	Application No.: P Group P Kallang Sector Singapore 349277 Attn: Manager, Electrical Installation, SP Services					
PROJEC	T:					
AT APA	RTMENT BLOCK No	STREET	NAME:			
DATE C	F INSPECTION:	POSTAL DI	STRICT:			
	Type/Total No. of Units		/[units)	/[units)
Others	MCB Rating					
	MCB Type (Before & after Revenue Meter)					
	Service Cable Size					
	RCCB Rating / Sensitivity					
Details of Electrical Installation	Cooker / Oven Point					
	Water Heater Point					
	15A Socket Outlet					
	13A Socket Outlet					
	Fan Point					
	Lamp Point					
	20A isolator SPN / DP					
	20A isolator TPN					
	30A isolator SPN / DP					
	30A isolator TPN					
	Others					
	Unit Nos.					
inspec reside	by declare that I have supervised the ted and tested the electrical instantial unit[s] in accordance with tions and Code of Practice.	llation of the	residential (unit(s) has been	electrical installation designed in accordal d Code of Practice.	
Signature/Name/Licence No. of LEW responsible for electrical installation work*			Signature/Name/Licence No. of LEW responsible for design of electrical installation*			

^{*} The same LEW may perform both design and installation work for the electrical installation.