

FORM A – ENDORSEMENT BY MAIN-CONTRACTOR/ OWNER

This form is to be completed by the main-contractor or owner. Please complete this form and placed it in a sealed envelope for submission by your subcontractor to SCAL. IT IS A CRIMINAL OFFENCE TO GIVE FALSE INFORMATION AND FORGE SIGNATURE.

To: SCAL Administrative & Rating Committee

I, _____ (Name of Person Making Declaration), in the capacity of
GM/Sole Proprietor/Partner/Director (delete where not appropriate) of _____

Main-contractor/owner) hereby declare that _____ (Name of
Application Firm) has been awarded a contract by _____ (Name of Firm
Awarding Contract to Applicant Firm) and is working on my project.

I further declare that the particulars given below are true and correct.

(1) Particulars of Applicant Firm (Sub-Contractor):

Company Name: _____ Tel No.: _____ Fax No.: _____

Address: _____

Description of Sub-Contract (Please specify the relevant SLOTS trades):

Sub-contract Value: _____ Sub-Contract Duration: From _____ to _____

2) Performance of Applicant Firm in This Project

Note: Please mark according to	1: Very good	2: Good	3: Average	4: Bad	5: Very Bad
a. Technical Capability	1	2	3	4	5
b. Work Progress	1	2	3	4	5
c. Quality of Work	1	2	3	4	5
d. Co-ordination and Supervision	1	2	3	4	5
e. Occupational Safety & Health					
(i) safe work practices	1	2	3	4	5
(ii) safety education for workers	1	2	3	4	5
(iii) provide personal protective equipment to workers	1	2	3	4	5
f. Others: _____	1	2	3	4	5

Period of evaluation from: _____ to _____

FORM A – ENDORSEMENT BY MAIN-CONTRACTOR/ OWNER

This form is to be completed by the main-contractor or owner. Please complete this form and placed it in a sealed envelope for submission by your subcontractor to SCAL. IT IS A CRIMINAL OFFENCE TO GIVE FALSE INFORMATION AND FORGE SIGNATURE.

(3) Main-contract :

Site & Location of Main-Contract: _____

Main Contractor's Tel No: _____ Fax No.: _____

Nature of Work: _____

(4) Owner of Project:

(Delete where not appropriate)

Private Sector/Public Sector: HDB/Others: _____

Signature of Person Making Declaration

Name: _____

Contact No: _____

Date: _____

FOR OFFICIAL VERIFICATION

Company Stamp