

Office Building Handover Certificate

CERTIFICATE NO.

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PROJECT DETAILS

Project Name :

Project Address :

Building/Unit :

Floor :

PARTIES INVOLVED

Owner :

Representative :

Tenant/Recipient :

HANDOVER DETAILS

Date of Handover :

Time :

Condition Remarks :
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We hereby confirm that the above premises and facilities have been officially handed over to the Recipient in the condition stated above.

Owner/Representative
Date:

Tenant/Recipient
Date: