

Retail Complex Handover Certificate

Date: _____

Project & Unit Details

Retail Complex Name: _____

Unit Number: _____

Floor: _____

Area (sq.ft): _____

Owner / Tenant Name: _____

Handover Checklist

Keys Handed Over: Yes No

Utilities Connected: Yes No

Snag List Cleared: Yes No

Unit Cleaned: Yes No

Handover Documents Provided: Yes No

Remarks

By signing below, both parties confirm completion of handover process and accept the unit in its present condition.

Owner / Tenant
Name: _____
Signature: _____

Developer / Management
Name: _____
Signature: _____

Date: _____