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ESTATES & FACILITIES MANAGEMENT DIVISION

Building Name Project Reference

Building User Guide

Hand over Sign off Document

DD/MM/YY

I, the undersigned, hereby confirm I am in receipt of the appropriate Building User Guide / Operational Instruction Manuals / Training (delete as appropriate) as part of the handover process of the abovementioned project.

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Signed ………………………………………..

Title…………………………………………….

Department……………………………….

Date……………………………………………

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