Form No

## DRP-002(NRT)

## REPUBLIC OF THE UNION OF MYANMAR Yangon Regional Government

**Yangon City Development Committee** 

Engineering Department(Building)



## DECLARATION OF TRANSFER OF RESPONSABILITY OF THE CERTIFIED PROFESSIONAL

		1. Site			
Address:			Ward:		
Township:			Postal code:		
Site area in acre:	Block No:				
	2. A	pplicant / Land ow	vner's details		
Name:		Address:			
		Postal code:	Township:		
Phone No:	Email:	@			
Is there an representative	person acting on behalf of	the applicant?	☐ Yes ☐ No		
Name:		Address:			
Ward:		Postal code:	Township:		
Phone No:	Email:	@			
Registration number of the general or special power:			Date of issue:	Date of issue:	
Name of the applicant / land owner			Signature	Date	
Name: Ward:		Address:Postal code:	Township:		
Phone No:		T			
Name:	Registration number:	Date		Signature	
	A Contact info	rmation of the cer	tified professional(New)		
Name:	4.Contact injoi	Address:	lijieu projessionui(ivew)		
		Postal code:	Township:		
Phone No:	Email:	@	10wnsinp		
Name:	Registration number:	Date		Signature	