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REPUBLIC OF THE UNION OF MYANMAR

NLCR-001

<u>Yangon Regional Government</u> Yangon City Development Committee

Building Control Authority



NOTICE OF LICENSED CONTRACTOR REPLACEMENT

1. Reference Number of the Building / Demolition Permit

Date of issuance:						
2. Site						
Address:				Ward:		
Township:				Postal code:		
Site area in acre:	Block No:			_Lot No:		
		3. Applicant / La	nd owner's de	etails		
Name:		Address:				
Ward:		Postal code:		Township:		
Phone No:	Email:	@				
Is there an representative person acting on behalf of the applicant?				🗆 Yes 🗆 No		
Name:		Address:				
				Township:		
Phone No:	Email:	@				
Registration number of the	general or special por	wer:		_ Date of issue:		
		4. Existing Lice	nsed Contrac	tor		
Name:		Address:				
Ward:		Postal code:		_ Township:		
Phone No:	Email:	@				
Bank account holder name:			Bank name: _			
Bank account number (for th	e reimbursement of the gu	arantee deposit):				
Registration number:						
		5. New Licen	sed Contracto	r		
Name:		Address:				
		Postal code:		Townshin		
Ward: Phone No:		@				
		e	Bank name:			
Bank account holder name: Bank name: Bank name:						
Registration Number:						
5.1. Receipt number of the new guarantee deposit (to be filled after the guarantee deposit has been made by the new licensed contractor)						
Receipt number:						
		6. Declaratior	n and signatur	re		
I hereby declare that it has been ag	reed with the actual licens	ed contractor in charge t	o transfer its respo	onsability regarding the constructio	n of the project of the project to	
the new licensed contractor which contractor in order to pursue the b		tionned above. Therefor	e, I request the rei	mbursement of the previous guara	ntee transfer to the actual licensed	
I confirm that, to the best of my/ou	ur knowledge, any facts sta	ted in the application do	cuments are true a	nd accurate and any opinions giver	n are the genuine opinions of the	
person(s) giving them. I understand that any false or misleading information may result in some additional delays regarding the course of the procedure.						
Name of th	e applicant / land ow	ner		Signature	Date	