



CROSSRAIL CENTRAL SECTION WORKS CONTRACT

DEFECTS CERTIFICATE

Contract Number:	eB Reference:
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Contractor Name:

Title:

The *Supervisor's Representative* confirms that the *defects date* for the above referenced Contract is **ADD DATE** (i.e. 52 weeks after Completion of the whole of the *works*, which occurred **ADD DATE** . (See Completion Certificate Ref **ADD**)

The *Supervisor's Representative* hereby certifies that as at the *defects date*/ at the end of the last *defect correction period* after the *defects date* which is **INSERT DATE** the following Defects have not been corrected by the Contractor.

- 1
- 2
- 3
- 4
- 5 ADD LIST OF OUTSTANDING DEFECTS
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

or

The *Supervisor's Representative* hereby certifies that as at the *defects date*/at the end of the last *defect correction period* after the *defects date* which is **INSERT DATE** there are no outstanding Defects.

Supervisor's Representative	-----	-----
Name	Signature	Date
Supervisor	-----	-----
Name	Signature	Date