

Report of Non-compliance Item(s) Rectified
 [Clause 6(B)(III) of XP or Clause 7(B)(III) of EXP]

From* _____ **To** CHE/R&D, HyD
Date _____ (*Attn.:* _____)
Contact Person _____ **Fax** 2714 5290
Contact Tel. _____

With reference to the non-compliance (NC) checklist issued against the Excavation Permit below, we would like to inform that the rectification of the NC item(s) was/were completed on the date(s) shown below:

Permit No.	Audit Ref. No.	Date of Inspection	NC Item(s) Rectified	Date of Rectification

* Company/Organization