PROFESSIONAL CONSULTANT'S Return To: ______ CERTIFICATE _______

| Nom | a of Applicant(a) | |
|--------------------------------|--|--|
| | ne of Applicant(s) | |
| Full a | address of property | |
| l cer | tify that: | |
| 1. | to the current stage to check: (a) progress, (b) use of materials, and | iods from the commencement of construction |
| 2. | At the time of my last inspection on stage of | , the property had reached the |
| 3. | So far as could be determined by each periodic visual inspection, the property has been constructed: (a) to a satisfactory standard, and (b) in general compliance with the approved structural drawings and specifications and/or building regulations. | |
| 4. | I was originally retained by who is the applicant/builder/developer in this case*. | |
| 5. | I am aware this certificate is being relied upon by the first purchaser | |
| | ne of Professional Consultant | Qualifications |
| Tele | phone No | Fax No. |
| Professional Indemnity Insurer | | Date of Cover |
| Amo | ount of Cover | _ |
| Signature | | Date |
| *Delet | te the words which do not apply | |