REQUEST FOR DEVIATION	RFD No.
Project:	Date:
Service:	
Contractor/Sub-Contractor:	

1. TO BE COMPLETED BY CONTRACTOR/SUB-CONTRACTOR:

Deviation requested for:-

Reason for request:-

Estimated cost adjustment :-

We confirm that the alternative proposal(s) have been examined by us and all consequences have been advised, both from the engineering & construction aspects of the contract and we hereby assure that the works shall be fit for purpose.

Signature: Date:

Name :

2. TO BE COMPLETED BY ALPHA CONSULTING ENGINEERS PTE LTD

* Deviation Acceptable: [ ]Yes / [ ] No

Remarks/Comments:

Signature: Date:

Name :

3. TO BE COMPLETED BY EMPLOYER (AS APPLICABLE)

* [ ] Approved / [ ] Not Approved

Signature: Date:

Name :

* Mark ☒ where appropriate