Insert Company Logo



UNDERTAKING To **DWC HSE Department,** We have leased Office No. \_\_\_\_\_\_ in Business Park Building \_\_\_\_\_\_, Level \_\_\_\_\_. Further to our request for access to the balcony area adjacent to our office we hereby confirm that we are solely responsible for the safety of our staff and visitors who access the balcony area. Furthermore we are also solely responsible for the security within our leased area and shall ensure all access doors including the balcony access doors are maintaned locked during no occupancy. ✓ All balcony areas are strictly NO SMOKING zones. ✓ Balcony area shall not be used for any outdoor activities like staff get togather / parties etc. **Tenant's Representative:** Name: Designation: Date: Signature & stamp: **NOTE:** Forms without the company seal shall not be accepted.