



ASPC

## Technical Service Department

Doc Name:	Certificate Of Final Acceptance Of The Work	Page: 1 of 2
Doc No.	TEC-ENP-FO-012	Rev: 0

Project Number: 09-ALL-0881

Date: 11 Sep 2012

Contract No. & : ASPC-89/1233  
 Description of Contract : Developing of as built drawing for Olefin and Offsite sub stations.  
 Name of the Contractor : Parmis tarahan pasargad  
 Date of awarded of contract : 19-Apr-11  
 Date of Completion : 3-Jul-11  
 (as per amendment No.1)  
 Actual Completion Date : 3-Jul-11  
 Provisional Acceptance Date :

Contractor:


The Contract Works performed, under this Contract, have been inspected by authorized representative of the Contractor and Owner and the Contractor Works are hereby declared to be finally accepted in accordance with the Contract on the above date.

The Contractor accepts this Certificate of Final Acceptance of the Contract works and agrees to undertake the obligation as set forth in the contract agreement.

The Contractor declares that all bills and claims have been satisfied and there are no liens whatsoever arising under or by virtue of the work.

The person signing below is authorized to submit this form to Owner for and behalf of Contractor :

**For and on behalf of Contractor:**

Position	Name	Signature	Date
	Ahmad Pakhejad	 شرکت پارس پارسارگاد سهامی خاص شماره ثبت : ۱۶۴۵	8 Sep 2012

Owner:

Owner accepts the Contract works as finally acceptable and shall return to the contractor the retention amount of performance guarantee within one (1) month of the date hereof .

**For and on behalf of Owner:**

Position	Name	Signature	Date
Eng. Projects Manager			
Technical Manager			




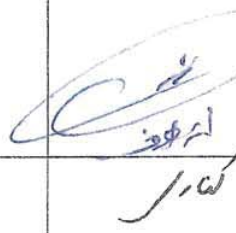
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In respect to requisition of M/S ..... that use to be contractor for .....for final acceptance,

You are kindly requested to confirm that your department did not observed any problem or failure in their performance due to their contract and no cost has been paid by ASPC unless otherwise mentioned.

Position	Applicable /Not Applicable	Problems observed during guarantee period	Letter No. / Date to contractor	Paid Cost	Name, Signature and Date
Owner Discipline Supervisor	A <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				 M. Kona
Administration Manager	A <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				 M. Kona
Unit Operation Manager	A <input type="checkbox"/> N/A <input type="checkbox"/>				
Asset Integrity Manager	A <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
Maintenance Manager	A <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
Total Cost				IRR	