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| LOGO | *[name of organ of state]*  **S5: Certification of Works Completion Report**  **(Version 1: October 2020)** |
| **Project no:**       **Project description:**  **Contract No:**       **Title:**  **Name of Contractor:**  **Framework contract:**  **yes**  **no** *(check appropriate box)*  If yes, **Order no:**       **Title:**  **Brief description of the package:**    **Starting date for contract / order:**  **Completion / delivery date:** | |
| Completed Works capable of being used or occupied  (i) Completion of the Works Stage requires:  a) Certification of the completion of the works in accordance with the provisions of the contract;  or  b) Certification of the delivery of the goods and associated services in accordance with the provisions of the contract.  Stage 5 is complete when the Works Completion Report is approved. | |
| **I hereby confirm that I have certified completion / delivery in accordance with the provisions of the contract**  *[name of designated person – see SCM policy ]*  *[Designation]*  **Signature: Date:**  Attach the completion / delivery certification issued to the contractor / supplier in terms of the contract to this form | |