

## FLU PANDEMIC BUSINESS CONTINUITY PROGRAMME

Date:

To : Mr Teng Theng Dar  
Chief Executive Officer  
Singapore Business Federation  
c/o SPRING Singapore

Fax : 6827 6867

### VERIFICATION FORM

#### Part 1. To be completed by certification body

This is to declare that I / we\* have verified

\_\_\_\_\_ [name of organisation]  
based on SPRING Singapore's Flu Pandemic Business Continuity Guide : 2009 and Flu Pandemic Business Continuity Guide – Guidance for Verifiers : 2009 and I / we\* have found the organisation's preparedness to be satisfactory.

\* To be deleted accordingly. 'I' is for a verifier that is a sole proprietor

A copy of the completed verification checklist which has been signed by the certification body is enclosed. The verification checklist has been extracted from the Flu Pandemic Business Continuity Guide – Guidance for Verifiers : 2009

I/We acknowledge receipt of \_\_\_\_\_ from the company as settlement of its portion of the total verification fees incurred of \_\_\_\_\_ (based on \_\_\_\_\_ man-days of work done in respect of the verification) and would like to submit our claim to SPRING Singapore for the amount outstanding of \_\_\_\_\_.

I/We declare that the facts stated in this form and the accompanying information are true and correct to the best of my/our knowledge and that I/we have not withheld/distorted any material facts. I/We understand that if the fund has been disbursed based on false or misleading statements, I/we may be prosecuted under the Penal Code and, in addition, the Standards, Productivity and Innovation Board or SPRING Singapore may, at its discretion, withdraw the grant and recover immediately amount of the grant that may have been disbursed.

Name and signature of  
authorised officer :

Organisation Stamp:

Date:

## VERIFICATION FORM

### Part 2. To be completed by organisation being verified

This is to declare that my company has made payment of \_\_\_\_\_ (excluding gst) to \_\_\_\_\_ (name of certification body) and understands that the certification body will proceed to claim from SPRING Singapore.

I/We declare that the facts stated in this form and the accompanying information are true and correct to the best of my/our knowledge and that I/we have not withheld/distorted any material facts. I/We understand that if I/we obtain the grant by false or misleading statements, I/we may be prosecuted under the Penal Code.

Name and signature of authorised officer :

Organisation Stamp:

Date: