## SCHEDULE A PERIODIC MAINTENANCE

<table>
<thead>
<tr>
<th>Bil. No.</th>
<th>Keterangan / Description</th>
<th>Unit</th>
<th>Kadar</th>
<th>Jumlah</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To provide technicians for carry out maintenance as per scope of work including 24hrs call back services and also troubleshooting services, testing and commissioning. The monthly rates shall including the provision of standby services for at least one technician as and per required by the client during function and event. For all UBD buildings.</td>
<td>no</td>
<td>1,200</td>
<td>2,400</td>
</tr>
<tr>
<td>2</td>
<td>To provide helpers for carry out maintenance as per scope of work including 24hrs call back services and also troubleshooting services, testing and commissioning. The monthly rates shall including the provision of standby services for at least one helper as and per required by the client during function and event. For all UBD buildings.</td>
<td>no</td>
<td>500</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**JUMLAH KESELURUHAN BAGI RINGKASAN TAWARAN INI**

TOTAL AMOUNT FOR THIS SUMMARY OF TENDER

3,400 00

**JUMLAH KESELURUHAN BAGI RINGKASAN TAWARAN INI BAGI 12 BULAN**

TOTAL AMOUNT FOR THIS SUMMARY OF TENDER FOR 12 MONTHS

40,800 00
I/we, the undersigned, are willing to contract of preventive maintenance for fire protection system in Universiti Brunei Darussalam as may be ordered from time to time for the period of one (1) year or when needed not exceeding quotation limited, Which ever come first.

This quotation is open to contractor with valid registration minimum class 1 and Above & Category of E01,KPME05,P04 & P05

• (+)PLUS/(-) MINUS..................% [............................Percentage]

Defect liability period shall be 6 months

Contract period:

1 year or not exceeding the amount of the quotation limit, which ever come first.

Valid Offer

6(six) Months (from the date of the quotation)
From:...........................................

Contract /Adress

............................................................
(Official chop/Signature)

............................................................ Tel. (off):...........................................

............................................................ Mobile Phone:...........................................

............................................................ Fax No:..................................................

Classs/Category:............................................