



OWNER'S NAME: DATE:
 REFERENCE No:

VARIATION START DATE: AMENDED COMPLETION DATE*:

VARIATION PERIOD (Days)*: * Reasonable estimates only

EFFECT OF THE VARIATION ON THE WORKS AND WHETHER VARIATION TO ANY PERMIT IS REQUIRED (If not requested by Owner)
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CONTRACTOR TO SIGN SIGNED: Name: Date: ____ / ____ / ____	OWNER TO SIGN SIGNED: Name: Date: ____ / ____ / ____
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