

To:

The Commissioner for Workplace Safety and Health

and

Workplace Safety and Health Council,
Tripartite Alliance Limited

I declare that my role is that of the Chief Executive (or equivalent), or a Board Director of the following organisations:

[list ALL the organisations where you have responsibility over WSH]

Name of Organisation	Unique Entity Number (UEN)

After undergoing the Top Executive WSH Programme, I undertake to implement the principles of the Approved Code of Practice for Chief Executives' and Board of Directors' Workplace Safety and Health (WSH) Duties to the best of my ability in the above organisations.

I confirm that I have read and understand the contents of this form and declaration. I declare that the information provided in this form is true, accurate and correct. I am aware that I may be subject to prosecution and criminal sanctions if I have indicated, provided or stated in this form any statement or information which I know to be false or do not believe to be true. I am also aware that you may enforce your rights against me for breach of any undertaking which I have given.

(Signature)

(Full name)

(Designation)

(NRIC or FIN)