

Document Number: BM-FR-191-01

Number:

Date:

Attachment:

Delivery Minutes of the Hall electrical installations

Hall area: For carrying on th	e fair The Dat	e of delivery:	•••••
1- Elevator and electric Staircase:	elevator:	Safe \square	damaged
	Electric Staircase:	Safe	damaged
	cic representative of t		
2- auditory (sound): loudspeaker:		Safe damag	ged
The auditory and the below	onging equipments:	Safe dama	ged
Notes:			
Strate	gic representative of t	the company	
			_
3- Fire alarm:			
fire alarm and contro	olling centers: Sa	fe damag	ged 🗌
Fire Alarm Elements	17.	afe damaş	
Notes:			
Strate	egic representative of	the company	
			_
4-Weak Pressure: The electricity damaged	main-boards:	Safe	
The electricity s	siding-boards:	Safe	
Lightness sort: The numbers of turned off-	The nur lamps:	mber of turned o	on-lamps: -



Document Number:

BM-FR-191-01

Number:

Date:

Attachment:

Delivery	Minutes	of the	Hall	electrica
	insta	ıllatio	ns	

	Hall itinerant cable meter:
	Sundry equipments:
Notes:	
	Strategic representative of the company

The representative of Facilities and Construction Electrical Engineering Office
The representative of Conductor
The representative of Guard Office



Document Number: BM-FR-91-01

Number:

Date:

Attachment:

Application Form for Electricity Extension Service Line

Manager of the Facil	lities and Construction
Greeting to you	

Greening to you	
Respectfully,	
Concerning the need of this company to	
Electricity extension service line	
1- The country current standards, providing all its required electric equipmen description, up to the main extension delivery location	ts as to its activity
2. Introducing all the approved forms to the management of facilities and cortuning over of the land to that management; and introduce its electrical officer written before the halls turning over and to undertake all the conditions under the last phase of account liquidation.	in full charge in
3. Hereby I	ntractor
Full Name and Family Name(s) of the Electrical in Charge Person(s)	
The authorized and confirmed signature of participator:	
The authorized and confirmed signature of conductor:	
Working Address/Telephone:	
Name and Family Name of the full-authorized representative:	
Working Address/Telephone:	

office@iranfair.com



Document Number: BM-FR-91-01

Number:

Date:

Attachment:

Application Form for Electricity Extension Service Line

The Company Electrical Office deputy in charge please considers and takes necessary actions.

Manager of the Facilities and Construction Affairs

From Electrical Office to the strategy contractor of the weak power pressure Please take action based on the above-mentioned description

The Fair Electrical In Charge

Performer: the representative of the company strategy

The receiver of the requested electricity:



Document Number: BM-FR-70-01

Number:

Date:

Attachment:

Damage to electrical installations delivered to conductor

Manager of the Facilities and Construction	n
Greeting to you	

Respectfully,

Turning to the meeting minutes delivered the covered exhibition halls	
with regard to the strategy of the compensation based on the number	late
	• • •
	• • •
	•••

Strategic representative
The representative of Conductor
Representative of Electricity
Responsible for electricity

office@iranfair.com

Fax: 226626672-3