

Pre-Qualification Form 2 – Attachment A1 – Section B
Information for Determining Compliance of the Experience Provider with the Technical Pre-Qualification Requirement of Section 4.1.2

[Terms which appear in capital letters and italics are terms that are Defined within the Pre-Qualification Invitation. Accordingly, the Participant must refer in all such events to the respective definition within the Pre-Qualification Invitation.]

[In the event that the Experience Provider wishes to present more than one project, then each project shall be submitted on a separate Pre-Qualification Form.]¹

Section (B)
Technical Pre-Qualification Requirement no. 2
Design, Construction and Operation of a water or wastewater facility
Invitation Section 4.1.2.

I, _____, the undersigned, am making this affidavit on behalf of _____ (name of Experience Provider) / _____ (name of Professional Related Entity):

1	Experience Provider	Name	[_____]
		(a) See Section 5.1.1 of the <i>Invitation</i> regarding EPC's <i>Anticipated Holdings</i> by the <i>Experience Provider(s)</i> .	
		(b) See Section 5.2.2 of the <i>Invitation</i> regarding O&M's <i>Anticipated Holdings</i> by the respective <i>Experience Provider(s)</i> .	
	(c) <i>Professional Related Entity</i> [Complete as applicable]	Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____]	
	[_] [✓tick confirm]	Description of relation to the <i>Experience Provider</i> [✓tick applicable affiliation (*): (a) A single <i>Entity</i> which holds, directly or indirectly, 100% of the <i>Experience Provider's Means of Control</i> ; [____] (b) A single <i>Entity</i> which 100% of its <i>Means of Control</i> and 100% of	

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¹ Addendum no. 3; Item no. 25.

		<p>the <i>Experience Provider's Means of Control</i> are held, directly or indirectly, by the same single <i>Entity</i>; [__]</p> <p>(c) A single <i>Entity</i> which 100% of its <i>Means of Control</i> are held, directly or indirectly, by the <i>Experience Provider</i>; [__].</p> <p>(*) to be supplemented by an Attorney's confirmation.</p> <p>Professional Related Entity Undertaking – the <i>Professional Related Entity's</i> completion and signature of Section B of Pre-Qualification Form “2” - Attachment A(1) shall testify to its complete and irrevocable consent, towards the <i>Tender Committee</i> and the <i>Experience Provider</i>, to timely and comprehensively provide the <i>Experience Provider</i> with all support, resources and knowhow which may be required for the purpose of the <i>Experience Provider's</i> fulfilment of its obligations and undertakings per the <i>Pre-Qualification Documents</i> or as may be further stipulated and elaborated under the <i>Tender Process Documents</i>.</p>
	<p>(d) <i>Main Contractor</i> See Section 4.1.2.2. of the <i>Invitation</i> (Definitions);</p>	<p>(a) Confirm <i>Execution</i> per the definition [__] [✓ tick confirm]</p> <p>(b) Confirm <i>Responsibility</i> per the definition [__] [✓ tick confirm]</p> <p>(c) The <i>Experience Provider</i>, or the <i>Professional Related Entity</i>² served as a <i>Main Contractor</i> [✓ tick as applicable]:</p> <p>(i) Single <i>Entity</i> serving as a <i>Main Contractor</i> [__] or³ or</p> <p>(ii) Member of a joint venture which it held, at least, 30% of the <i>Main Contractor's Means of Control</i> at least⁴ during the time the respective experience was obtained - [__]</p>

עיצב:גופן: לא נטוי, גופן עברית ושפות אחרות: לא נטוי

² [Addendum no. 3; Item no. 26.](#)

³ [Addendum no. 3; Item no. 26.](#)

⁴ [Addendum no. 3; Item no. 26.](#)

Option no.	Field(s) of Experience	Demonstrating entity (Experience Provider / Professional Related Entity)	Confirmation [✓ tick confirm only one of the following]	Relevant Part of the table below to be filled
1	<i>Design, Construction and Operation</i> in one project	One demonstrating entity	[] meaning the experience required under this <i>Pre-Qualification Requirement</i> is demonstrated in its entirety by the <i>Experience Provider / Professional Related Entity</i> identified above	Parts (A) - (D) inclusive
2	<i>(i)</i> ⁵ <i>Design and Construction</i> in one project	One-Two demonstrating entities ⁶	[] meaning the experience required under option 2(ii) of this table, shall be separately demonstrated by <u>{ } name of a 2nd Experience Provider / 2nd Professional Related Entity, who is, to best of my knowledge, [] (complete name).</u> ⁷	Parts (A) - (B) and Part (D)
	<i>(ii)</i> ⁸ <i>Operation</i> in one project		[] meaning the experience required under option 2(i) of this table, shall be separately demonstrated by <u>{ } name of a 1st Experience Provider / 1st Professional Related Entity, who is, to best of my knowledge, [] (complete name).</u> ⁹	Parts (C) - (D)
3	<i>(i)</i> ¹⁰ <i>Design</i> in one project	One-Two demonstrating entities ¹¹	[] meaning the experience required under option 3(ii) of this table, shall be separately demonstrated by <u>{ } name of a 2nd Experience Provider / 2nd Professional Related Entity, who is, to best of my knowledge, [] (complete name).</u> ¹²	Part (A) and Part (D)

⁵ Addendum no. 3; Item no. 27.

⁶ Addendum no. 3; Item no. 28.

⁷ Addendum no. 3; Item no. 30.

⁸ Addendum no. 3; Item no. 27.

⁹ Addendum no. 3; Item no. 30.

¹⁰ Addendum no. 3; Item no. 27.

¹¹ Addendum no. 3; Item no. 28.

¹² Addendum no. 3; Item no. 30.

מעוצב:כניסה: לפני: 73.0 ס"מ, מספור + רמה: + 1
סגנון מספור: i, ii, iii, ... + התחל מ: + 1 יישור: לשמאל +
מישר ב: 36.0 ס"מ + כניסה ב: 9.1 ס"מ

מעוצב:כניסה: לפני: 73.0 ס"מ, מספור + רמה: + 1
סגנון מספור: i, ii, iii, ... + התחל מ: + 1 יישור: לשמאל +
מישר ב: 36.0 ס"מ + כניסה ב: 9.1 ס"מ

עיצב:גופן: לא נטוי, גופן עברית ושפות אחרות: לא נטוי

מעוצב:כניסה: לפני: 73.0 ס"מ, מספור + רמה: + 1
סגנון מספור: i, ii, iii, ... + התחל מ: + 1 יישור: לשמאל +
מישר ב: 36.0 ס"מ + כניסה ב: 9.1 ס"מ

מעוצב:כניסה: לפני: 73.0 ס"מ, מספור + רמה: 1 +
סגנון מספור: ו, ii, iii, ... + התחל מ: 1 + יישור: לשמאל +
מיושר ב: 36.0 ס"מ + כניסה ב: 9.1 ס"מ

	<i>(ii)</i> ¹³ <i>Construction and Operation</i> in one project		Second demonstrating entity	[] meaning the experience required under option 3(i) of this table, shall be separately demonstrated by [] name of a 1 st <i>Experience Provider</i> / 1 st <i>Professional Related Entity</i> , who <i>is, to best of my knowledge, [] (complete name).</i> ¹⁴	Parts (B) - (D) inclusive
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¹³ Addendum no. 3; Item no. 27.

¹⁴ Addendum no. 3; Item no. 30.

3	Referenced project	Name- [_____] Location- [_____] <i>Facility</i> type [water treatment* / wastewater treatment**] mark the applicable option *In the event of water treatment please fill and complete Clause 7, sub- clause (3.2). **In the event of wastewater treatment please fill and complete Clause 7, sub- clause (3.3). In the event of an expansion to an existing facility confirm all data provided herein reflects the scope of an expansion, that the expansion's scope complies with the requirements of Pre-Qualification Requirement Section 4.1.2 and that documentation supporting these confirmations can be submitted [] [✓tick confirm]																		
4	Client of the referenced project. ¹⁵	Client's Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____]																		
Part (A) – Design (as applicable)																				
5	Execution of the complete Facility's design [✓tick confirm items (i)(a)-(i)(d) and item (ii) and provide the information required in item (iii) (as applicable)]	<table border="1"> <tr> <td data-bbox="775 808 951 869">(i) execution of the Facility's:</td> <td data-bbox="951 808 1353 837">(a) Process design; and</td> <td data-bbox="1353 808 1495 837">[]</td> </tr> <tr> <td></td> <td data-bbox="951 837 1353 869">(b) Civil works design; and</td> <td data-bbox="1353 837 1495 869">[]</td> </tr> <tr> <td></td> <td data-bbox="951 869 1353 900">(c) Electrical and control design; and</td> <td data-bbox="1353 869 1495 900">[]</td> </tr> <tr> <td></td> <td data-bbox="951 900 1353 931">(d) Mechanical and piping design.</td> <td data-bbox="1353 900 1495 931">[]</td> </tr> <tr> <td data-bbox="775 931 951 992">(ii)</td> <td data-bbox="951 931 1353 992">The Facility was constructed and operated, completely or materially, based upon the Design.</td> <td data-bbox="1353 931 1495 992">[]</td> </tr> <tr> <td data-bbox="775 992 951 1122">(iii)</td> <td data-bbox="951 992 1353 1122">Indicate whether design adaptations were implemented during the construction, commissioning or operation of the Facility: Yes [], provide a brief description of the adaptations implemented; or No [].</td> <td data-bbox="1353 992 1495 1122"></td> </tr> </table>	(i) execution of the Facility's:	(a) Process design; and	[]		(b) Civil works design; and	[]		(c) Electrical and control design; and	[]		(d) Mechanical and piping design.	[]	(ii)	The Facility was constructed and operated, completely or materially, based upon the Design.	[]	(iii)	Indicate whether design adaptations were implemented during the construction, commissioning or operation of the Facility: Yes [], provide a brief description of the adaptations implemented; or No [].	
(i) execution of the Facility's:	(a) Process design; and	[]																		
	(b) Civil works design; and	[]																		
	(c) Electrical and control design; and	[]																		
	(d) Mechanical and piping design.	[]																		
(ii)	The Facility was constructed and operated, completely or materially, based upon the Design.	[]																		
(iii)	Indicate whether design adaptations were implemented during the construction, commissioning or operation of the Facility: Yes [], provide a brief description of the adaptations implemented; or No [].																			
Part (B) – Construction (as applicable)																				
6	Execution of the complete construction and commissioning [✓tick confirm items (i)-(iv(a) inclusive)]	<table border="1"> <tr> <td data-bbox="775 1160 895 1191">(i)</td> <td data-bbox="895 1160 1353 1191">Civil engineering works; and</td> <td data-bbox="1353 1160 1495 1191">[]</td> </tr> <tr> <td data-bbox="775 1191 895 1223">(ii)</td> <td data-bbox="895 1191 1353 1223">Electrical Mechanical works; and</td> <td data-bbox="1353 1191 1495 1223">[]</td> </tr> <tr> <td data-bbox="775 1223 895 1254">(iii)</td> <td data-bbox="895 1223 1353 1254">Process and control works; and</td> <td data-bbox="1353 1223 1495 1254">[]</td> </tr> <tr> <td data-bbox="775 1254 895 1314">(iv) PTO</td> <td data-bbox="895 1254 1353 1314">(e) Obtainment of the Facility's permission to operate (PTO).</td> <td data-bbox="1353 1254 1495 1314">[]</td> </tr> <tr> <td></td> <td data-bbox="895 1314 1353 1375">(f) Tick in the event the PTO was issued while allowing the completion of deficiencies.</td> <td data-bbox="1353 1314 1495 1375">[]</td> </tr> </table>	(i)	Civil engineering works; and	[]	(ii)	Electrical Mechanical works; and	[]	(iii)	Process and control works; and	[]	(iv) PTO	(e) Obtainment of the Facility's permission to operate (PTO).	[]		(f) Tick in the event the PTO was issued while allowing the completion of deficiencies.	[]			
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(iii)	Process and control works; and	[]																		
(iv) PTO	(e) Obtainment of the Facility's permission to operate (PTO).	[]																		
	(f) Tick in the event the PTO was issued while allowing the completion of deficiencies.	[]																		
Part (C) – Operation (as applicable)																				
7	Operation commencement Operation status Consecutive Operation Period of 24 months during which, the Facility has met the availability (clause 1) criteria and inlet stream	<p>[_____] insert date in the following format [DD/MM/YYYY]</p> <p>O&M executed by [_____]</p> <p>(i) Indicate if the Facility is still operational Yes / No [mark applicable option].</p> <p>(ii) In the event the Facility is not operational indicate the date on which operation has ceased [_____].</p> <p>1. Availability 24 months Consecutive Operation Period commencement date [_____]. [shall commence after 01/01/2007 and up to Pre-Qualification Submission Date. See definition of Consecutive Operation Period] Please fill in the Facility's availability during the Consecutive Operation Period:</p>																		

¹⁵ In the event that the Experience Provider did not execute the referenced project via a direct contract with the Facility's client, then the details of both the Facility's client and the Experience Provider's direct client shall be provided.

(clause 2) criteria **and** removal of contaminants (clause 3) criteria.

In the event the respective Facility's client required a flow rate or removal ratio and those were **greater** than the required Flow Rate or Removal Ratio fill in those values on clause 4.

- (i) Months 1-12 of operation availability [____%]. [at least 85%];
- (ii) Months 13-24 of operation availability [____%]. [at least 85%].

2. Inlet stream

Average *Flow Rate* during the *Consecutive Operation Period*:

- (i) Months 1-12 [____m³/hr]. [at least 200 m³/hr for all contaminants detailed below, save for TSS or Turbidity which shall be at least 2,000 m³/hr];
- (ii) Months 13-24 [____m³/hr]. [at least 200 m³/hr for all contaminants detailed below, save for TSS or Turbidity which shall be at least 2,000 m³/hr].

7	Consecutive Operation Period (continued)	3. Removal of contaminants Please fill in: (i) Sub- clause (3.1) and sub- clause (3.2) or (ii) Sub- clause (3.1) and sub- clause (3.3)						
		3.1. Engineered system Confirm the treatment was done in an engineered system, which included, at least all following: a. One vessel; and b. One pump; and c. Centralized Control System which includes measurement device(s), monitoring device(s) and control devise(s) (a device may serve for one or more of the 3 objectives – measurement, monitoring and control); and d. Pipes and valves. <input type="checkbox"/> [] <input checked="" type="checkbox"/> [✓tick confirm]						
		3.2. Water treatment Insert, in at least one item in the following table, the applicable data.						
		Item	Contaminant	Consecutive Operation Period	Average inlet concentration (mg/l)	Average outlet concentration (mg/l)	Removal Ratio (%)	Criteria
		1	Nitrate	Months 1-12 Months 13-24				at least 70%
2	VOCs	Months 1-12 Months 13-24				at least 90%		
3	Detergents	Months 1-12 Months 13-24				at least 90%		
4	Chloride	Months 1-12 Months 13-24				at least 95%		
5	TDS	Months 1-12 Months 13-24				at least 70 95% ¹⁶		
6	TSS	Months 1-12 Months 13-24				at least 90%		
7	Turbidity	Months 1-12 Months 13-24				at least 90%		
3.3. Wastewater treatment Insert, in at least one item in the following table, the applicable data.								
Item	Contaminant	Consecutive Operation	Average inlet concentration	Average outlet concentration	Removal Ratio (%)	Criteria		

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¹⁶ Addendum no. 3; Item no. 31.

		Period	(mg/l)	(mg/l)	
1	COD	Months 1-12			at least 70%
		Months 13-24			
2	BOD	Months 1-12			at least 70%
		Months 13-24			
<p>4. Respective Facility's client requirements (if applicable)</p> <p>a. Flow rate of at least [___m³/hr].</p> <p>b. Contaminant removal ratio: Contaminant: [_____]. Please fill in the relevant contaminant of the contaminants listed in clause 3.2 or clause 3.3 above. Contaminant removal ratio of at least [____%] of the contaminant concentration in the feed water.</p>					

Part (D) - General

General information For reference information only	Detailed design of the facility was executed by [_____] Construction commencement date [_____] Construction duration [_____ months] O&M of the facility executed by [_____]
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Note: in the event the *Participant* is of the opinion it cannot submit any of the details required under this *Pre-Qualification Form 2 – Attachment A1 Section B* – it shall apply, per the provisions of Section 2.9 of the *Invitation*. In its application the *Participant* shall identify the details it believes it is prevented from submitting (or submitting in the form determined) and provide explanations for such prevention(s). The *Tender Committee* shall consider the *RFC* and shall issue its determination to the applying *Participant* or all *Participants* in the event the *Tender Committee* determines its response is relevant to all.

Confirmation

I, the undersigned, _____, attorney-at-law public notary [check applicable box], hereby confirm that on _____, Mr./Mrs. _____, I.D. Passport number [check applicable box]-No.¹⁷ _____ appeared before me, and after being cautioned that he/she is required to state the truth, and that if he/she fails to do so he/she shall be liable to the punishments prescribed by law, signed this statement in my presence.

In addition, I, _____, attorney-at-law public notary [check applicable box], hereby do attest and confirm that _____ is authorized to sign on behalf of _____ [Experience Provider / Professional Related Entity], and to commit it for purposes of the above stated Pre-Qualification Form, for all purposes and intents.

Attorney-at-Law / public
notary

In the event this **Section B – Attachment A(1)** is completed by a *Professional Related Entity*, the *Experience Provider* shall add its signature herein below

Name of *Experience Provider*: _____.

Name of *Experience Provider's* Authorized Signatory: _____.

Authorized Signatory's signature and *Experience Provider's* stamp: _____.

Date: _____.

¹⁷ Addendum no. 3; Item no. 21.