

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.]

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	<i>Experience Provider</i>	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)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Professional Related Entity</i> [Complete as applicable] </div> <div style="width: 50%;"> Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____] 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 the <i>Experience Provider's Means of Control</i> are held, directly or indirectly, by the same single <i>Entity</i>; [____] (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>; [____]. (*) to be supplemented by an Attorney's confirmation. </div> </div>
			[__] [✓tick confirm]

			<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 <input type="checkbox"/> [✓ tick confirm] (b) Confirm <i>Responsibility</i> per the definition <input type="checkbox"/> [✓ tick confirm] (c) The <i>Experience Provider</i> served as a <i>Main Contractor</i> [✓ tick as applicable]: (i) Single <i>Entity</i> serving as a <i>Main Contractor</i> <input type="checkbox"/> or or (ii) Member of a joint venture which it held, at least, 30% of the <i>Main Contractor's Means of Control</i> at least during the time the respective experience was obtained - <input type="checkbox"/></p>

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Experience demonstrated

Please note section 4.1.2.3 (Notes) (iii) *Technical Pre-Qualification Requirement no. 2 (Section 4.1.2) – Manner of Demonstration by Experience Provider(s)*

The experience shall be demonstrated in 2 projects at the maximum (save for option no. 1 below, stipulating maximum one project).

The maximum number of allowable *Professional Related Entities* is 2 (save for option no. 1 below, stipulating maximum one *Professional Related Entity*).

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		<input type="checkbox"/> 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>Design and Construction</i> in one project	One demonstrating entity	First demonstrating entity	<input type="checkbox"/> meaning the experience required under option 2(ii) of this table, shall be separately demonstrated by [_____] name of 2 nd <i>Experience Provider / 2nd Professional Related Entity</i>	Parts (A) - (B) and Part (D)
	<i>Operation</i> in one project		Second demonstrating entity	<input type="checkbox"/> meaning the experience required under option 2(i) of this table, shall be separately demonstrated by [_____] name of 1 st <i>Experience Provider / 1st Professional Related Entity</i>	Parts (C) - (D)
3	<i>Design</i> in one project	One demonstrating entity	First demonstrating entity	<input type="checkbox"/> meaning the experience required under option 3(ii) of this table, shall be separately demonstrated by [_____] name of 2 nd <i>Experience Provider / 2nd Professional Related Entity</i>	Part (A) and Part (D)
	<i>Construction and Operation</i> in one project		Second demonstrating entity	<input type="checkbox"/> meaning the experience required under option 3(i) of this table, shall be separately demonstrated by [_____] name of 1 st <i>Experience Provider / 1st Professional Related Entity</i>	Parts (B) - (D) inclusive

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]
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4	Client of the referenced project. ¹	Client's Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____]
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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)]	(i) execution of the <i>Facility</i> 's:	(a) Process design; and	[]
			(b) Civil works design; and	[]
			(c) Electrical and control design; and	[]
			(d) Mechanical and piping design.	[]
			(ii) The <i>Facility</i> was constructed and operated, completely or materially, based upon the <i>Design</i> .	[]
	(iii) Indicate whether design adaptations were implemented during the construction, commissioning or operation of the <i>Facility</i> : 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]	(i) Civil engineering works; and		[]
		(ii) Electrical Mechanical works; and		[]
		(iii) Process and control works; and		[]
		(iv) PTO	(e) Obtainment of the <i>Facility</i> '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	[_____] insert date in the following format [DD/MM/YYYY]
		O&M executed by [_____]
	Operation status	(i) Indicate if the <i>Facility</i> is still operational Yes / No [mark applicable option]. (ii) In the event the <i>Facility</i> is not operational indicate the date on which operation has ceased [_____].
	Consecutive Operation Period of 24 months during which, the <i>Facility</i> has met the availability (clause 1) criteria and inlet stream	1. Availability 24 months <i>Consecutive Operation Period</i> commencement date [_____]. [shall commence after 01/01/2007 and up to <i>Pre-Qualification Submission Date</i> . See definition of <i>Consecutive Operation Period</i>] Please fill in the <i>Facility</i> 's availability during the <i>Consecutive Operation Period</i> :

¹ 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].

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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 systemConfirm 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 device(s) (a device may serve for one or more of the 3 objectives – measurement, monitoring and control); **and**
d. Pipes and valves.

[] [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				at least 70%
		Months 13-24				
2	VOCs	Months 1-12				at least 90%
		Months 13-24				
3	Detergents	Months 1-12				at least 90%
		Months 13-24				
4	Chloride	Months 1-12				at least 95%
		Months 13-24				
5	TDS	Months 1-12				at least 70%
		Months 13-24				
6	TSS	Months 1-12				at least 90%
		Months 13-24				
7	Turbidity	Months 1-12				at least 90%
		Months 13-24				

3.3. Wastewater treatmentInsert, 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	COD	Months 1-12				at least 70%

		Months 13-24				
2	BOD	Months 1-12				at least 70%
		Months 13-24				
<p>4. <u>Respective Facility's</u> 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. No. _____ 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: _____.