

**Pre-Qualification Form 2 – Attachment A1 – Section B**

**Information for Determining Compliance of the ~~Member or the~~ Experience  
Provider with the Technical Pre-Qualification Requirements 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	<b>Experience Provider</b>	Name	[_____]
		(a) See Section 5.1.1 of the <i>Invitation</i> regarding EPC's <i>Anticipated Holdings</i> by the <del>Technical</del> <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 <del>Technical</del> <i>Experience Provider(s)</i> .	
		(c) <i>Professional Related Entity</i> [Complete as applicable]  [ ] [✓tick confirm]	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 <del>respective</del> <i>Experience Provider's Means of Control</i> ; [ ] (b) A single <i>Entity</i> ; <u>which</u> 100% of <del>whose</del> <u>its</u> <i>Means of Control</i> and 100% of <del>whose</del> <u>the</u> <i>Experience Provider's Means of Control</i> are held, directly or indirectly, by the same single <i>Entity</i> ; [ ] (c) <u>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>; [ ]</u> . (* to be supplemented by an Attorney's confirmation.  <b><u>Professional Related Entity Undertaking</u></b> – the <i>Professional Related Entity's</i> completion and signature of <b>Section B of Pre-Qualification Form “2” - Attachment A(1)</b> 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> .
		(d) <u>Main Contractor</u> See Section 4.1.2.2. of the <i>Invitation</i> (Definitions);	(a) <u>Confirm Execution</u> per the definition [ ] [✓tick confirm] (b) <u>Confirm Responsibility</u> per the definition [ ] [✓tick confirm] (c) <u>The <i>Experience Provider</i> served as a <i>Main Contractor</i></u> [✓tick as applicable]: (i) <u>Single <i>Entity</i> serving as a <i>Main Contractor</i></u> [ ] or <b>or</b> (ii) <u>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 -</u> [ ]

2 Experience demonstrated					
Option no.	Number of Facilities in which the Experience was obtained	Field(s) of Experience	Number of Experience Providers	Confirmation [✓ tick confirm only one of the following]	Relevant Part of the table below to be filled
1	1	Design, Construction and Operation	One Experience Provider	<input type="checkbox"/> meaning the experience required under this <i>Pre-Qualification Requirement</i> is demonstrated in its entirety by the <i>Experience Provider</i> identified above	Parts (A) – (D) inclusive
2	2 as follows:	-	-		
	(i) First Facility	Design and Construction	One Experience Provider	<input type="checkbox"/> meaning the experience required under option 2(ii) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Parts (A) – (B) and Part (D)
	(ii) Second Facility	Operation	Second Experience Provider	<input type="checkbox"/> meaning the experience required under option 2(i) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Parts (C) – (D)
3	2 as follows:				
	(i) First Facility	Design	One Experience Provider	<input type="checkbox"/> meaning the experience required under option 3(ii) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Part (A) and Part (D)
	(ii) Second Facility	Construction and Operation	Second Experience Provider	<input type="checkbox"/> meaning the experience required under option 3(i) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Parts (B) – (D) inclusive

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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*).

<b>Option no.</b>	<b>Field(s) of Experience</b>	<b>Demonstrating entity (<i>Experience Provider / Professional Related Entity</i>)</b>		<b>Confirmation</b> [✓ tick confirm only one of the following]	<b>Relevant Part of the table below to be filled</b>
<u>1</u>	<u>Design, Construction and Operation in one project</u>	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	<u>Parts (A) - (D) inclusive</u>
<u>2</u>	<u>Design and Construction in one project</u>	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 <sup>nd</sup> <i>Experience Provider / 2<sup>nd</sup> Professional Related Entity</i>	<u>Parts (A) - (B) and Part (D)</u>
	<u>Operation in one project</u>		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 <sup>st</sup> <i>Experience Provider / 1<sup>st</sup> Professional Related Entity</i>	<u>Parts (C) - (D)</u>
<u>3</u>	<u>Design in one project</u>	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 <sup>nd</sup> <i>Experience Provider / 2<sup>nd</sup> Professional Related Entity</i>	<u>Part (A) and Part (D)</u>
	<u>Construction and Operation in one project</u>		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 <sup>st</sup> <i>Experience Provider / 1<sup>st</sup> Professional Related Entity</i>	<u>Parts (B) - (D) inclusive</u>

4	<b>Referenced project</b>	Name- [ _____ ] Location- [ _____ ] <u>Facility type [water treatment* / wastewater treatment**] mark the applicable option</u> <u>*In the event of water treatment please fill and complete Clause 7, sub- clause (3.2).</u> <u>**In the event of wastewater treatment please fill and complete Clause 7, sub- clause (3.3).</u> <u>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]</u>
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5	Client of the referenced project.	Client's Name: [ _____ ] Contact Person Name & Surname: [ _____ ] Address: [ _____ ] Telephone: [ _____ ] Email: [ _____ ]
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**Part (A) – Design (as applicable)**

6	<b>Execution of the complete Facility's design</b>  [✓tick confirm items (i)(a)-(i)(d) and item (ii) and provide the information required in item (iii) (as applicable)]	(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; <b>or</b> No [ ].			

**Part (B) – Construction (as applicable)**

7	<b>Execution of the complete construction and commissioning</b>  [✓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 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)**

8	<b>Operation commencement</b>	[ _____ ] insert date in the following format [DD/MM/YYYY]
		O&M executed by [ _____ ]
	<b>Operation status</b>	(i) Indicate if the Facility is still operational Yes / No [mark applicable option]. (ii) In the event the Facility is not operational indicate the date on which operation has ceased [ _____ ].
	<b>1. Availability</b>	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: (i) Months 1-12 of operation availability [ _____ ]%. [at least 85%]; (ii) Months 13-24 of operation availability [ _____ ]%. [at least 85%].

**Consecutive Operation Period** of 24 months during which, the *Facility* has met the availability (clause 1) criteria **and** inlet stream (clause 2) criteria **and** removal of contaminants (clause 3) criteria.

In the event the respective 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.

## 2. Inlet stream

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

- (i) Months 1-12 [\_\_\_\_m<sup>3</sup>/hr]. [at least 200 m<sup>3</sup>/hr for all contaminants detailed below, save for TSS or Turbidity which shall be at least 2,000 m<sup>3</sup>/hr];
- (ii) Months 13-24 [\_\_\_\_m<sup>3</sup>/hr]. [at least 200 m<sup>3</sup>/hr for all contaminants detailed below, save for TSS or Turbidity which shall be at least 2,000 m<sup>3</sup>/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 system**

Confirm the ~~decomposition of contaminants~~ treatment was done in an engineered system, which included, at least **all** following:

- a. One vessel; **and**  
b. One pump; **and**  
c. ~~Measurement, monitoring and Control device(s)~~ 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 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	COD	Months 1-12				at least 70%

		Months 13-24				
2	BOD	Months 1-12				at least 70%
		Months 13-24				
<b>4. Respective client requirements (if applicable)</b> <ol style="list-style-type: none"> <li>Flow rate of at least [___m<sup>3</sup>/hr].</li> <li>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.</li> </ol>						

**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

**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 [ \_\_\_\_\_ ]

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: \_\_\_\_\_.