

Pre-Qualification Form 2 – Attachment A1– Section A

Information for Determining Compliance of the ~~Member or the~~ Experience Provider with the Technical Pre-Qualification Requirements of Section 4.1.1

[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 (A)

Technical Pre-Qualification Requirement no. 1 Biological Treatment System Design

Invitation Section 4.1.1.

I, _____, the undersigned, am making this affidavit on behalf of _____ (*name of Experience Provider*):

1	<i>Experience Provider</i>	Name [_____]	
			See Section 5.1.1 of the <i>Invitation</i> regarding EPC's <i>Anticipated Holdings</i> by the Technical <i>Experience Provider(s)</i> .
2	<i>Execution</i>	<input type="checkbox"/> The <i>Experience Provider</i> executed the <i>BTS Design</i> itself (alone or jointly with others); In the event the <i>BTS</i> design was executed jointly with another entity fill name of entity [_____]	
		<u>and</u>	
		<input type="checkbox"/> The <i>Experience Provider</i> was responsible (severally or jointly with others) towards the respective client for the <i>BTS Design</i> . <input checked="" type="checkbox"/> tick confirm	
3	Referenced project (where the <i>BTS Design</i> was executed by the <i>Experience Provider</i>)	Name - [_____]	
		Location - [_____]	
4	Client of the referenced project.	Client's Name: [_____]	
		Contact Person Name & Surname: [_____]	
		Address: [_____]	
		Telephone: [_____]	
		Email: [_____]	
5	Execution of the Complete Process Design [✓ tick confirm items (i)-(iv) inclusive]	(i) <i>BTS'</i> process unit design of, at least, the following: ○ hydraulic loads; ○ kinetics calculations; ○ design loads; ○ contaminants removal rates.	[_____]
		(ii) Preparation of the <i>BTS'</i> Process Flow Diagram (PFD);	[_____]
		(iii) Preparation of the <i>BTS'</i> mass balance;	[_____]

		(iv) Supervision of the <i>BTS</i> ' performance, at least, during its commissioning tests.	[]
6	<i>BTS</i>' operation	Operation commencement date	[] insert date in the following format [DD/MM/YYYY].
		Operation status	(i) Indicate if the <i>BTS</i> is still operational Yes / No [mark applicable option]. (ii) In the event the <i>BTS</i> is not operational indicate the date on which operation has ceased [].
		Operation period	[] insert date on which the <i>BTS</i> has commenced its operation. Consecutive Operation Period - [] insert date commencement . [] insert date of completion . [<i>Consecutive Operation Period</i> – a duration of, at least, 24 consecutive months that have commenced after 1.1.2007 and up to <i>Pre-Qualification Submission Date</i> . Please fill in the <i>BTS</i> 's availability during the <i>Consecutive Operation Period</i> : []% [at least 85%]; See Note 1.]
		During, at least, 85% of the <i>Consecutive Operation Period</i> , the <i>BTS</i> has met the Inlet feed water (clause 1) criteria and removal of contaminants (clause 2) criteria. In the event the respective client required a flow rate or removal ratio and those were greater than the required <i>Flow Rate</i> or <i>Removal Ratio</i> fill in those values on clause 3. Note 1: See Section 4.1.1.3(a) of the <i>Invitation</i> with respect to <i>BTS</i> ' operation period exceeding the <i>Consecutive</i>	1. Inlet feed water a. <i>Flow Rate</i> : feed water flow of [] m³/hr . [at least 20 m³/hr]; and b. At least one of the following inlet feed water contaminants: (i) Perchlorate concentration of [] mg/l . [at least 15 mg/l]; or (ii) Nitrate concentration of [] mg/l as NO₃ . [at least 50 mg/l as NO₃]. and c. Water source: (i) Groundwater; [] or (ii) Surface water [] [✓ tick confirm] [wastewater excluded]

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 _____ [*name of Experience Provider*], and to commit it for purposes of the above stated Pre-Qualification Form, for all purposes and intents.

Attorney-at-Law / Public Notary

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 A* – 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.