

**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 Addendum no. 3; Item no. 25.

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1	Experience Provider	Name	<input type="text"/>
		(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) Professional Related Entity [Complete as applicable] <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> tick confirm]	Name: <input type="text"/>	<input type="text"/>
		Contact Person Name & Surname:	<input type="text"/>
		Address:	<input type="text"/>
		Telephone:	<input type="text"/>
		Email:	<input type="text"/>
		Description of relation to the <i>Experience Provider</i> <input checked="" type="checkbox"/> <input type="checkbox"/> 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> ; <input type="checkbox"/>	
		(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> ; <input type="checkbox"/>	
		(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> ; <input type="checkbox"/>	
		(*) to be supplemented by an Attorney's confirmation.	
		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> .	

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		<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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> [x tick confirm] (b) Confirm <i>Responsibility</i> per the definition <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> [x tick confirm] (c) The <i>Experience Provider</i> or the <i>Professional Related Entity</i>² served as a <i>Main Contractor</i> <input checked="" type="checkbox"/> <input type="checkbox"/> [x tick as applicable]: (i) Single <i>Entity</i> serving as a <i>Main Contractor</i> <input type="checkbox"/> <input checked="" type="checkbox"/> ³ or (ii) Member of a joint venture which it held, at least, 30% of the <i>Main Contractor's Means of Control</i> ⁴during the time the respective experience was obtained - <input type="checkbox"/> <input type="checkbox"/></p>
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² Addendum no. 3; Item no. 26.

³ Addendum no. 3; Item no. 26.

⁴ Addendum no. 3; Item no. 26.

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2	Experience demonstrated				
	Please note section 4.1.2.3 (Notes) (iii) <i>Technical Pre-Qualification Requirement no. 2 (Section 4.1.2) – Manner of Demonstration by Experience Provider(s)</i>				
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 <i>Professional Related Entities</i> is 2 (save for option no. 1 below, stipulating maximum one <i>Professional Related Entity</i>).					
Option no.	Field(s) of Experience	Demonstrating entity (<i>Experience Provider / Professional Related Entity</i>)		Confirmation <input checked="" type="checkbox"/> <input type="checkbox"/> 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"/> <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) ⁵ <i>Design and Construction</i> in one project	Two demonstrating entities ⁶	First demonstrating entity	<input type="checkbox"/> <input type="checkbox"/> the experience required under option 2(ii) of this table, shall be separately demonstrated by a 2 nd <i>Experience Provider / 2nd Professional Related Entity</i> , who is, to best of my knowledge, [] [] (complete name). ⁷	Parts (A) - (B) and Part (D)
	(ii) ⁸ <i>Operation</i> in one project		Second demonstrating entity	<input type="checkbox"/> <input type="checkbox"/> the experience required under option 2(i) of this table, shall be separately demonstrated by a 1 st <i>Experience Provider / 1st Professional Related Entity</i> , who is, to best of my knowledge, [] [] (complete name). ⁹	Parts (C) - (D)
3	(i) ¹⁰ <i>Design</i> in one project	Two demonstrating entities ¹¹	First demonstrating entity	<input type="checkbox"/> <input type="checkbox"/> the experience required under option 3(ii) of this table, shall be separately demonstrated by a 2 nd <i>Experience Provider / 2nd Professional Related Entity</i> , who is, to best of my knowledge, [] [] (complete name). ¹²	Part (A) and Part (D)
	(ii) ¹³ <i>Construction and Operation</i> in one project		Second demonstrating entity	<input type="checkbox"/> <input type="checkbox"/> the experience required under option 3(i) of this table, shall be separately demonstrated by a 1 st <i>Experience Provider / 1st Professional Related Entity</i> , who is, to best of my knowledge, [] [] (complete name). ¹⁴	Parts (B) - (D) inclusive

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3	Referenced project	Name- <input type="text"/> Location- <input type="text"/> Facility type <input type="checkbox"/> water treatment* / <input type="checkbox"/> 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 <input type="checkbox"/> <input checked="" type="checkbox"/> tick confirm]
4	Client of the referenced project. ¹⁵	Client's Name: <input type="text"/> Contact Person Name & Surname: <input type="text"/> Address: <input type="text"/> Telephone: <input type="text"/> Email: <input type="text"/>

Part (A) – Design (as applicable)

5	Execution of the complete Facility's design <input checked="" type="checkbox"/> <input type="checkbox"/> 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	<input type="checkbox"/>
			(b) Civil works design; and	<input type="checkbox"/>
			(c) Electrical and control design; and	<input type="checkbox"/>
			(d) Mechanical and piping design.	<input type="checkbox"/>
		(ii) The Facility was constructed and operated, completely or materially, based upon the Design.	<input type="checkbox"/>	
	(iii) Indicate whether design adaptations were implemented during the construction, commissioning or operation of the Facility: Yes <input type="checkbox"/> <input type="checkbox"/> provide a brief description of the adaptations implemented; <input type="text"/> ; or No <input type="checkbox"/> <input type="checkbox"/> .			

Part (B) – Construction (as applicable)

6	Execution of the complete construction and commissioning <input checked="" type="checkbox"/> <input type="checkbox"/> tick confirm items (i)-(iv(a)) inclusive]	(i) Civil engineering works; and		<input type="checkbox"/>
		(ii) Electrical Mechanical works; and		<input type="checkbox"/>
		(iii) Process and control works; and		<input type="checkbox"/>
		(iv) PTO	(a) Obtainment of the Facility's permission to operate (PTO).	<input type="checkbox"/>
			(b) Tick in the event the PTO was issued while allowing the completion of deficiencies.	<input type="checkbox"/>

Part (C) – Operation (as applicable)

7	Operation commencement	<input type="text"/> insert date in the following format [DD/MM/YYYY] O&M executed by <input type="text"/>
	Operation status	(i) Indicate if the Facility is still operational <input type="checkbox"/> Yes / <input type="checkbox"/> No [mark applicable option]. (ii) In the event the Facility is not operational indicate the date on which operation has ceased <input type="text"/> .

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<p>Consecutive Operation Period of 24 months during which, the <i>Facility</i> has met the availability (clause 1) criteria and inlet stream (clause 2) criteria and removal of contaminants (clause 3) criteria.</p> <p>In the event the <i>Facility's</i> 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.</p>	<p>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's</i> availability during the <i>Consecutive Operation Period</i>: (i) Months 1-12 of operation availability []-[]%. [at least 85%]; (ii) Months 13-24 of operation availability []-[]%. [at least 85%].</p> <p>2. Inlet stream Average <i>Flow Rate</i> during the <i>Consecutive Operation Period</i>: (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].</p>
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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.

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 device(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"/> <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	_____	_____	_____	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 95% ¹⁶
		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	_____	_____	_____	
4. Facility's client requirements (if applicable)						
a. Flow rate of at least [_____]m ³ /hr].						
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.						

¹⁶ Addendum no. 3; Item no. 31.

Part (D) - General

General information	Detailed design of the facility was executed by
For reference information only	[_____]
	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. Passport number [check applicable box]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.

