| Application Fee: _ | O R | Application No. |
|--------------------|-----|-----------------|
| Application ree | O.K | Application No. |

Application Form

For

"Grade 2"

For Registration of Electrical Consultants to work in Distribution Systems below 132 KV level

Pursuant to the requirement of Distribution Code Review Panel (DCRP), any electrical consultant who wishes to work in the Oman Electrical Distribution System (below 132 KV level) has to register with the DCRP. A valid registered consultant in a particular grade is a firm complying with DCRP requirements set for that grade.

Distribution Code Review Panel P.O.Box. 3065 P.C. 111 , CPO Sultanate of Oman Telephone No. 24218800 Fax No. 24218899

CHECK LIST FOR COMPLIANCE WITH REQUIREMENTS CONTAINED IN THE APPLICATION FORM

(This Check List is to be filled, signed, stamped by the Consultant and submitted along with the Application Form)

Note:-

- 1. The Consultant should tick (') in the check box if the answer is "yes" and tick (X) in the check box if the answer is "No". Where check boxes are not provided, the relevant data is to be written by hand
- 2. This Check List is meant for both Consultants seeking New Registration as well as for Consultants seeking renewal of their Registration.

| 1. | Registration Category: Grade-1 ☐ Grade-2 ☐ |
|---------|---|
| 2. | Date of Application (in case of Renewal of Registration, Indicate separately the date of expiry of previous Registration.) |
| 3. | Minimum manpower required for the category of Registration is available □ |
| 4. | Proposed Technical Staff have the required qualifications and experience (Provide detailed Experience Certific |
| 5. | Consultant has a well-established local office in Sultanate of Oman |
| 6. | Local Office in Oman has all equipment and facilities to enable the Consultant to provide all services under the category of registration |
| 7. | Proposed staff of the Consultant are capable of preparing detailed Specification/SOW/Design/Drawings/Tender & Contract Documents and have thorough knowledge of different contract regimes. (Proof of experience to be submitted) |
| 8. | Proposed staff of the Consultant are capable of providing complete supervision up to handing over of the project to the Client |
| 9. | Degrees/Diplomas of key staff have been attested by the Ministry of Higher Education and Omani Embassy in the relevant countries □ |
| 10 | . All expatriate employees possess valid resident visa and are in the direct employment of the Consultant 🗖 |
| 11 | . Details of outsourced staff ☐ (Details to be submitted) |
| 12 | . Details of local sponsor (in case of International Consultant) are submitted 🗖 (provide copies of Regn. Certificat |
| 10 | . Company Profile document is submitted 🗆 |
| 11 | . Details of IT Capability of the Consultant are submitted □ |
| 12 | . Details of Quality Certification/Accreditation and HSE Certification are submitted |
| 13 | . Confirmation that insurance coverage has been obtained for all the proposed employees of the Consultant (provide copy of Insurance Policy) |
| Si | gnature of the Consultant : Date: |
| Na | me of the Consultant : |
| — Ap | pplication checked and found to be complete. Recommended for Approval ☐ Not Recommended for Approval ☐ |
| | gnature of DCRP : Date: |
| | ime : |

Registration Categories:

The system of Consultant's registration within DCRP comprises two grades (Grade-1, and Grade-2). Consultants who hold a higher grade registration will be permitted to undertake works pertaining to lower grades.

A Registration Certificate will be issued on fulfilling all requirements stipulated for each grade. Every Registration Certificate will be valid for a period of three years from the date of issue.

| SI No | Grade | Eligibility Criteria | | |
|----------|---------|--|--|--|
| 1 | GRADE-1 | A consultant who can provide expert design, tendering, engineering, surveying and supervision services for power projects of all sizes in (< 132 kV) voltage grade and 33/11 KV substations. | | |
| 2 | GRADE-2 | A consultant who is limited to provide expert design tendering & surveying services only for power project of all sizes in (< 132 kV) voltage grade and 33/11 KV substations. | | |

1. Eligibility

To be eligible to apply for Registration as an Electrical Consultant, a Company shall

- i. Be registered in Oman with Government concerned authority as per the commercial law.
- ii. Implement diligently Omanization requirements as per labor law.
- iii. Attach with its application a copy of the taxation certificate issued by the Secretariat General of Taxation.
- iv. Have an established office with telephone, facsimile and E-mail facilities. Also, company shall have facilities for transporting staff and materials to site. (DCRP will visit the office of the Consultant for inspection prior to granting approval for registration)

2. Staff Requirement

A. Technical Staff

The company shall have the staff mentioned below as a minimum. Depending on volume of work, number of staff shall be increased for efficient and timely completion of the works awarded.

| S. No | Category | gory Min Qualitication | | Minimum Experience | Documents Required along with Application |
|----------|---|------------------------|--|---|--|
| 1 | Project Manager | 1 | University Degree in Engineering | 10 years | Attested Copy of Degree, Experience Certificate |
| 2 | Design - Electrical Engineer | 2 | University Degree in Electrical Engineering | 7 years | Attested Copy of Degree, Experience Certificate |
| 3 | 3 Civil Engineer 1 University Degree in Civil Engineering | | 7 years | Attested Copy of Degree, Experience Certificate | |
| 4 | 4 Protection Engineer 1 University Degree in Electrical Engineering | | 7 Years | Protection Engineer License from DCRP, Experience Certificate | |
| 5 | Automation & Control Engineer | 1 | University Degree in Electrical Engineering | 7 years | Attested copy of the degree, Experience Certificate |
| 6 | Quantity Surveyor | 1 | University Degree in Quantity Surveying | 7 Years | Attested Copy of Degree, Experience Certificate |
| 7 | CAD OPERATOR | 2 | Degree/diploma in AutoCAD | 3/5 years | Attested Copy of Degree/ Diploma, Experience Certificate |

Notes:-

- 1. Designation of Employee mentioned in the Resident Card should be the same as the Designation mentioned in the Application for Registration. The Application is likely to be rejected if the designation does not match.
- 2. For expatriates, attestation of certificates should be obtained from Education Ministry and Embassy of Oman in the country of origin or alternatively from the country of origin's embassy in Oman and the Ministry of Foreign Affairs, Oman or Appostille.
- 3. Employees must have a minimum of 2 years' relevant experience in Oman.
- 4. Original document (Qualification Certificate, Passports, etc.) to be provided after initial approval

مجلــس مرا جعــة قواعــد التوزيــع DISTRIBUTION CODE REVIEW PANEL

A. Staff HSE Requirements:

| S. No | Category | Min. No. | Minimum HSE Courses to be taken | Remarks |
|----------|----------------------------------|-------------|---|---|
| 1 | Design - Electrical Engineer | 2 | HSE Induction, First aid, Electrical Safety Rules & Manage Safety | Courses to be attested from Ministry of Manpower |
| 2 | Civil Engineer | 1 | HSE Induction, First aid, Electrical Safety Rules & Manage Safety | Courses to be attested from Ministry of Manpower |
| 3 | Protection Engineer | 1 | HSE Induction, First aid, Electrical Safety Rules & Risk Assessment | Courses to be attested from Ministry of Manpower |
| 4 | Automation & Control Engineer | 1 | HSE Induction, First aid, Electrical Safety Rules & Manage Safety | Courses to be attested from Ministry of Manpower |
| 5 | Quantity Surveyor | 1 | HSE Induction, First aid, Electrical Safety Rules & Manage Safety | Courses to be attested from Ministry of Manpower |



B. HSE Courses Details:

| S | HSE Courses | Duration/days | Comment |
|---|-----------------|----------------------|-------------------|
| 1 | HSE Induction | ½ day | |
| 2 | First aid | 2 day | valid for 2 years |
| 3 | Mange Safety | 3 day | |
| 4 | Risk Assessment | 1 day | |
| 5 | ESR | 2 day | valid for 3 years |

Technical Staff Requirements Conditions:

- I. Degree/Diploma/Vocational Training Certificate shall be from a recognized University/Institution attested by concerned authorities
- II. Age shall not be less than 24 years
- III. Experience for Omanis shall be reduced by 2 years
- IV. All expatriate employees should possess valid Omani resident visa

3. Equipment and Software:

As a minimum, the consultant shall possess all the tools, equipment and types of Software necessary for his Works (the following examples are typical of those presently used by licensees in Oman). A separate list showing other available equipment/software shall be provided:

| SI. No | Requirements | Quantity | Remarks and Details |
|-----------|---|----------|---------------------|
| 1 | Power Systems Analysis Software (examples but not limited to: DigSlent, SINCAI, ETAP etc) | X | |
| 2 | STRUCTURAL DESIGN (software) | Χ | |
| 3 | Project Management Software (examples include MS PROJECT, PRIMAVERA etc) | X | |
| 4 | LEARNING & DEVELOPMENT PROGRAM (Software for Omani Staff) | × | |
| 6 | Others (as client requirements) | X | |

The DCRP may demand an inspection of the Equipment/Software any time during assessment. Local Office of the Consultant shall possess a licensed version of the software listed.

4. Safety Equipment:

The consultant shall have all required safety equipment for their staff. A list of the equipment is to be provided

| ription Qty. |
|----------------------------------|
| Equipment X |
| X |
| ulized Safety X provide list) |
| rection x |
| |

5. Documents Required for Verification

The following documents should be produced for verification:

Company related certificates

Commercial Registration Certificate, Chamber of Commerce & Industry certificate, Authorization Signature Certificate, list of Omanis Registered in the company, Omanization Certificate, Workmen Compensation Document, Taxation Department Certificate and Municipality Authorization.

Technical staff related certificates:

Qualification, Experiences & HSE Certificate

Other related documents mentioned in the application forms.

6. Fees

The consultant fulfilling all requirements shall pay following fees as shown in Table Below.

| S. No | Grade | Fees Payable |
|-------|-------|--------------|
| 1 | 2 | 200 O.R. |

The above fees shall be deposited - after scrutiny/acceptance of application at any branch of Bank Muscat.

7. Check List

The Consultants requesting for registration shall complete, sign and stamp the Check List included in this application form. Any application received without the completed check list will not be considered.

General Information for Electrical Consultant Registration:

Cancellation of Registration

The Registration granted to a Consultant will be cancelled by the Licensing Authority under the following circumstances:-

- (a) In the event any of details/documents submitted are found to be false during the validity of registration.
- (b) if the Consultant is found to employ outsourced/unauthorized personnel at site without obtaining prior approval from the Client/Employer
- (c) If the Consultant uses the same Technical Staff for multiple projects for Supervision Services
- (d) If the Consultant sub-lets all or a portion of the services awarded to him without obtaining approval from the Client/Employer

Renewal

The consultant shall apply for renewal of his registration 4 months before the expiry date and the fees for renewal of registration will be same as mentioned in Clause 6.

Replacement

In case any staff listed in the application is replaced, the consultant shall promptly inform the same to the Secretary, Distribution Code Review Panel. CV and testimonials of the newly appointed staff shall be submitted for DCRP approval.

Procedure for filling-up of Application

- 1. The Consultant shall submit the following documents to the Secretary Distribution Code Review Panel
 - Covering Letter
 - Application Form-(Schedule 1) with its required attachments.
 - Technical Staff forms- with its required attachments for all technical staff separately.
 - Tools and Equipment Form with its required attachments
 - Safety Tools and Equipment List
 - Undertaking Form
- 2. All the above documents will be verified for completeness.
- 3. Individual details will be checked with requirements stipulated for the grade applied
- 4. Tools and equipment submitted will be checked for physical availability.
- 5. Availability of Safety equipment and Tools will be checked physically.

When all details submitted by the consultant comply with the requirement for the grade applied, the Committee will recommend registration of the Consultant for the Grade applied.

Distribution Code Review Panel Application for Registration of Consultants to work in the Distribution System Schedule 1 **Application Form**

| Type of Application: [] New Registration [] Renewal [] Upgrade |
|--|
| Grade Applied for: "Grade 2" |
| Existing Registration No. (If applicable):Grade: Date of Expiry: |
| (In the case of Renewal/Upgrade - copy of Previous Registration Certificate is to be attached) |
| Company Information: |
| Name of the Company Address : Telephone No. Fax E-mail address Name of the Owner/Partners: |
| Commercial Registration Certificate Information: |
| Registration No: Company Legal Structure: [] Sole Proprietorship [] Partnership [] LLC [] Other (specify) |
| Copy of Commercial Registration Certificate is to be attached |
| Oman Chamber of Commerce Certificate Information: Registration No: Date of Expiry: Grade of Commercial Registration: O Copy of Chamber of Commerce Certificate is to be attached |
| Insurance Certificate under Workmen's Compensation: |
| Insurance Company: No. of Workers (Electrical): Policy No.: Copy of Workmen Compensation Document is to be attached |
| Omanization Details: |
| Required Omanization Percentage: Output Copy of Omanization Certificate from Ministry of Man Power is attached Output Copy of list of Omanis registered within the company from Ministry of Man Power is attached. |
| Authorized Signatory information: |
| Name of authorized Signatory: Designation: Copy of Authorization Certificate is attached |
| Signature of Authorized Person: Date: |

| Category of Post: Project Manager | | | | |
|--|---|--|--|--|
| Name of Company: Name : Age : | | | | |
| Passport No: Copy of passport is to be attached | Date of Expiry: | | | |
| Visa No (if applicable): ○ Copy of visa is to be attached | Date of Expiry: | | | |
| Resident Card No.: Copy of Labor card is to be attached | Date of Expiry: | | | |
| Qualification:above required degreeequivalent to the required degreebelow required degree | | | | |
| Qualification Details: | | | | |
| S. No. Certificate Specialization | Acctediting Year Qualified Attested Qualification Cert. Copy is attached | | | |
| Copy of Qualification Certificate/s is to be | be attached | | | |
| Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack | hed | | | |
| Experience: o more than the required o equivalent to the required o below the required | | | | |
| Experience Details: | | | | |
| S. No. Name of Company Coun | try Position Held Total of years Attested Experience Cert. Copy is attached | | | |
| | | | | |
| Copy of Qualification Certificate/s is to be attached | | | | |
| Signature of Authorized Person: Designation: | Date: | | | |



| Category of Post: Design - Electrical Engineer 1 | | | | |
|---|-----------------------|-------------------|---|--|
| Name of Company: Name : Age : | | | | |
| Passport No: Copy of passport is to be attached | | Date of Expi | ry: | |
| Visa No (if applicable): ○ Copy of visa is to be attached | | Date of Expiry: | | |
| Resident Card No.: Copy of Labor card is to be attached | | Date of Expi | ry: | |
| Qualification: above required degree equivalent to the required degree below required degree | | | | |
| Qualification Details: | | | | |
| S. No. Certificate Specialization | Acctediting Institute | Year Qualified | Attested Qualification Cert. Copy is attached | |
| Copy of Qualification Certificate/s is to | he attached | | | |
| Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attached | | | | |
| Experience: o more than the required o equivalent to the required below the required | | | | |
| Experience Details: | | | | |
| S. No. Name of Company Cou | untry Position He | ld Total of years | Attested Experience Cert. Copy is attached | |
| | | | | |
| Copy of Qualification Certificate/s is to be attached | | | | |
| Signature of Authorized Person: Designation: | | | Date: | |

Category of Post: Design - Electrical Engineer 2

| Culegory of | Posi. Design - Liethital Engineer 2 |
|--|--|
| Name of Company: Name : Age : | |
| Passport No: Copy of passport is to be attached | Date of Expiry: |
| Visa No (if applicable): Copy of visa is to be attached | Date of Expiry: |
| Resident Card No.: O Copy of Labor card is to be attached | Date of Expiry: |
| Qualification:above required degreeequivalent to the required degreebelow required degree | |
| Qualification Details: | |
| S. No. Certificate Specialization | Acctediting Year Qualified Attested Qualification Cert. Copy is attached |
| Copy of Qualification Certificate/s is to | be attached |
| Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack | hed |
| Experience: o more than the required o equivalent to the required o below the required | |
| Experience Details: | |
| S. No. Name of Company Cour | ntry Position Held Total of years Attested Experience Cert. Copy is attached |
| | |
| O Copy of Qualification Certificate/s is to be | pe attached |
| Signature of Authorized Person: Designation: | Date: |

مجلـــس مرا جعــة قواعـــد التوزيـــع **DISTRIBUTION CODE REVIEW PANEL**

Distribution Code Review Panel Application for Registration/Renewal of Consultants to work in the Distribution System **Grade Applied:**

| Category of Pa | ost: Civil Engineer |
|---|--|
| Name of Company: Name : Age : | |
| Passport No: Copy of passport is to be attached | Date of Expiry: |
| Visa No (if applicable): Copy of visa is to be attached | Date of Expiry: |
| Resident Card No.: Copy of Labor card is to be attached | Date of Expiry: |
| Qualification: above required degree equivalent to the required degree below required degree | |
| Qualification Details: | |
| S. No. Certificate Specialization Acctedi | Tear Climities |
| Copy of Qualification Certificate/s is to be attached Electrician License: Valid Expired | d |
| Not ExistCopy of Electrician License is to be attached | |
| Experience: o more than the required equivalent to the required below the required | |
| Experience Details: | |
| S. No. Name of Company Country Posi | tion Held Total of years Attested Experience Cert. Copy is attached |
| | |
| O Copy of Qualification Certificate/s is to be attached | |
| Signature of Authorized Person: Designation: | Date: |

| Grade Applied: Category of Post: Protection Engineer | | | | |
|---|-----------------------|----------------|---|--|
| Name of Company: Name : Age : | | | | |
| Passport No: Copy of passport is to be attached | | Date of Expir | ry: | |
| Visa No (if applicable): ○ Copy of visa is to be attached | | Date of Expir | y : | |
| Resident Card No.: Copy of Labor card is to be attached | | Date of Expir | 'y: | |
| Qualification: above required degree equivalent to the required degree below required degree | | | | |
| Qualification Details: | | | | |
| S. No. Certificate Specialization | Acctediting Institute | Year Qualified | Attested Qualification Cert. Copy is attached | |
| Copy of Qualification Certificate/s is to | be attached | | | |
| Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack | ched | | | |
| Experience: o more than the required o equivalent to the required o below the required | | | | |
| Experience Details: | | | | |
| S. No. Name of Company Cour | ntry Position Held | Total of years | Attested Experience Cert. Copy is attached | |
| | | | | |
| Copy of Qualification Certificate/s is to | be attached | | | |
| Signature of Authorized Person: | | | | |

Designation:

Seal of the company

Date:

| | | Category of | Post: Auto | omation 8 | Control Eng | jineer |
|--|--|---|----------------------|---------------------|----------------|---|
| Name of C Name Age | ompany: : : | | | | | |
| Passport O Copy of | No: passport is to | be attached | | | Date of Expi | ry: |
| | if applicable visa is to be o | | | | Date of Expir | ry: |
| | Card No.: Labor card is | to be attached | | | Date of Expir | ry: |
| equivale | ion: equired degre ent to the reque equired degre | uired degree | | | | |
| Qualificati | on Details: | | | | | |
| | | | Accte | diting _v | ear Qualified | Attested Qualification Co |
| S. No. | Certificate | Specialization | Insti | itute ' | | Copy is attached |
| Copy of Electrician Valid Expired Not Exist Copy of | Qualification License: Electrician Lic | Certificate/s is | o be attack | itute | | Copy is attached |
| Copy of Electrician Valid Expired Not Exist Copy of Experience more the | Qualification License: Electrician Lice: In the requirent to the requirent | Certificate/s is reense is to be at | o be attack | itute | | Copy is attached |
| Copy of Electrician Valid Expired Not Exist Copy of Experience more the equivale | Qualification License: Electrician License: In the requirent to the required | Certificate/s is reense is to be at | o be attack | itute | | Copy is attached |
| Copy of Electrician Valid Expired Not Exist Copy of Experience more the equivale below th | Qualification License: Electrician License: In the requirent to the required | Certificate/s is reense is to be attacked | o be attack | ned | Total of years | Copy is attached Attested Experience Cert. Cois attached |
| Copy of Electrician Valid Expired Not Exist Copy of Experience more the equivale below th | Qualification License: Electrician License: In the requirent to the required e required Details: | Certificate/s is reense is to be attacked | o be attack | ned | | Attested Experience Cert. Co |
| Copy of Electrician Valid Expired Not Exist Copy of Experience more the equivale below th Experience S. No. | Qualification License: Electrician License: In the requirent to the required e required Example Details: Name of C | Certificate/s is reense is to be attacked | o be attack ached | ned | | Attested Experience Cert. Co |
| Copy of Electrician Valid Expired Not Exist Copy of Experience more the equivale below th Experience S. No. | Qualification License: Electrician License: In the requirent to the required e required Example Details: Name of C | Certificate/s is reense is to be attacked bired Company Company Company Company | o be attack ached | ned | | Attested Experience Cert. Co |



| Category of Post: Quantity Surveyor | | | | |
|--|--|--|--|--|
| Name of Company: Name : Age : | | | | |
| Passport No: Copy of passport is to be attached | Date of Expiry: | | | |
| Visa No (if applicable): Copy of visa is to be attached | Date of Expiry: | | | |
| Resident Card No.: Copy of Labor card is to be attached | Date of Expiry: | | | |
| Qualification:above required degreeequivalent to the required degreebelow required degree | | | | |
| Qualification Details: | | | | |
| S. No. Certificate Specialization | Acctediting Year Qualified Attested Qualification Cert. Copy is attached | | | |
| Copy of Qualification Certificate/s is to | be attached | | | |
| Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack | hed | | | |
| Experience: o more than the required o equivalent to the required o below the required | | | | |
| Experience Details: | | | | |
| S. No. Name of Company Cour | ntry Position Held Total of years Attested Experience Cert. Copy is attached | | | |
| | | | | |
| Copy of Qualification Certificate/s is to I | pe attached | | | |
| Signature of Authorized Person: | | | | |
| Designation: | Date: | | | |



| Cate | g <mark>ory of Post: Cad</mark> | Operator 1 | |
|--|---------------------------------|-------------------|---|
| Name of Company: Name : Age : | | | |
| Passport No: Copy of passport is to be attached | | Date of Expi | ry: |
| Visa No (if applicable): Copy of visa is to be attached | | Date of Expir | ry: |
| Resident Card No.: Copy of Labor card is to be attached | | Date of Expir | ry: |
| Qualification:above required degreeequivalent to the required degreebelow required degree | | | |
| Qualification Details: | | | |
| S. No. Certificate Specialization | Acctediting Institute | fear Qualified | Attested Qualification Cert. Copy is attached |
| Copy of Qualification Certificate/s is to | be attached | | |
| Electrician License: Valid Expired Not Exist Copy of Electrician License is to be attack | ched | | |
| Experience: o more than the required o equivalent to the required o below the required | | | |
| Experience Details: | | | |
| S. No. Name of Company Cour | ntry Position Held | Total of years | Attested Experience Cert. Copy is attached |
| | | | |
| O Copy of Qualification Certificate/s is to | be attached | | |
| Signature of Authorized Person: Designation: | | | Date: |

| Category of Post: Cad Operator 2 | | | | | |
|--|-----------------------|------------------|---|--|--|
| Name of Company: Name : Age : | | | | | |
| Passport No: Copy of passport is to be attached | | Date of Expir | ry: | | |
| Visa No (if applicable): ○ Copy of visa is to be attached | | Date of Expir | y : | | |
| Resident Card No.: Copy of Labor card is to be attached | | Date of Expir | y : | | |
| Qualification:above required degreeequivalent to the required degreebelow required degree | | | | | |
| Qualification Details: | | | | | |
| S. No. Certificate Specialization | Acctediting Institute | Year Qualified | Attested Qualification Cert. Copy is attached | | |
| Copy of Qualification Certificate/s is to be attached Electrician License: | | | | | |
| Valid Expired Not Exist Copy of Electrician License is to be attached | ed | | | | |
| Experience: o more than the required equivalent to the required below the required | | | | | |
| Experience Details: | | | | | |
| S. No. Name of Company Countr | ry Position Hel | d Total of years | Attested Experience Cert. Copy is attached | | |
| | | | | | |
| Copy of Qualification Certificate/s is to be | attached | | | | |
| Signature of Authorized Person: Designation: | | | Date: | | |

Acknowledgment of Responsibility

By signing this document, I hereby confirm the followings:

- That I the undersigned do not undertake any electrical contracting works either directly or in partnership with others.
- That I the undersigned is responsible for all works/services performed by our Company
- That I will comply with the Regulations issued by the Authority for Electricity Regulation, Oman including compliance with Oman Electrical Standards and Distribution Code ...etc.
- That all information submitted in the application forms and all attached documents is true.
- That I will inform the Secretary, DCRP immediately if any of key staff mentioned in the registration documents are replaced by us.
- That the tools and equipment are as per the requirements and complying with safety standards stipulated.
- That I will fulfill any shortcomings in the registration requirements (if any) within a period of 3 months.

| For & on behalf of the | | |
|-----------------------------------|-------|--|
| Signature of Authorized Signatory | Date: | |

Affirmation

| | | 7 | | | |
|---|----------------------------|--------------------------------------|--------------------|--------------|--|
| We M/s | | | | | |
| S.No. | Name | Position /Company | Relationship Level | Remark | |
| 3.110. | HAITIC | i osilion / company | KORMONISHIP LEVEL | Kenidik | |
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| Not | e: in case none of the owr | ners or their relatives till third g | eneration are wo | rking in the | |
| licensed distributors companies, nil should be written in name column. | | | | | |
| This confirmation is for the purpose of Registration of our Company as an Electrical Consultant and we take full responsibility for the truth of above information. We also confirm that we do not undertake any contracting activity either directly or in partnership with others, | | | | | |
| Date: | | | | | |
| Authorized Signatory: | | | | | |
| Signature: | | | | | |