**NAME OF THE CONTRACTOR:**

**DATE:**

**SCHEDULE of KEY PERSONNEL TO BE DEPLOYED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor’s Name | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  | | |
| Business Address | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  | | |
|  | | |  | | | | | | |  | |  |  | | |
|  | | Project Manager | | | Civil Engineer/Construction Manager | Site Agent/Foreman | | | | | Health, Safety and Environmental (HSE) Officer | | | | Other positions deemed required by the Applicant for this project |
| 1 | Name |  | | |  |  | | | | |  | | | |  |
| 2 | ID NO. |  | | |  |  | | | | |  | | | |  |
| 3 | Employed since |  | | |  |  | | | | |  | | | |  |
| 4 | Experience |  | | |  |  | | | | |  | | | |  |
| 5 | Education level |  | | |  |  | | | | |  | | | |  |
| 6 | Registration NO |  | | |  |  | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | |
| Minimum Requirements | | | Project ManagerCivil Engineer/Construction Manager | | | |  | |  | | | | |  | |
|  | | | Civil Engineer/Construction Manager Licensed. | | | |  | |  | | | | |  | |
|  | | | Site Agent/Site Foreman | | | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | | | | |  | |
|  | | | Health, Safety and Environmental (HSE)Officer | | | |  | |  | | | | |  | |
|  | | |  | | | | | | | | | | | | |
| Note | | | : Attached individual CV, Certificates and current License for all personnel. | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Submitted by | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| (Printed Name & Signature) | | |  |  | | | |  | | | | | | | |
| Designation | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Date | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |