*Name of the Procuring Body:*

*Name of the Contract:*

*Location of the Contract:*

*Date:*

**Schedule of Key Personnel to be Deployed**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor’s Name | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  | | |
| Business Address | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  | | |
|  | | |  | | | | | | |  | |  |  | | |
|  | | Site Agent | | | Quality Control Personnel | Foreman | | | | | Construction Safety and Health Personnel | | | | Other positions deemed required by the Applicant for this project |
| 1 | Name |  | | |  |  | | | | |  | | | |  |
| 2 | Date of Birth |  | | |  |  | | | | |  | | | |  |
| 3 | Employed since |  | | |  |  | | | | |  | | | |  |
| 4 | Experience |  | | |  |  | | | | |  | | | |  |
| 5 | Education level |  | | |  |  | | | | |  | | | |  |
| 6 | License |  | | |  |  | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | |
| Minimum Requirements | | | : Site Agent | | | |  | |  | | | | |  | |
|  | | | : Quality Control Personnel | | | |  | |  | | | | |  | |
|  | | | : Foreman | | | |  | |  | | | | |  | |
|  | | | : Construction Safety and health personnel | | | |  | |  | | | | |  | |
|  | | |  | | | | | | | | | | | | |
| Note | | | : Attached individual CV, Certificates and current License for all personnel. | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Submitted by | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| (Printed Name & Signature) | | |  |  | | | |  | | | | | | | |
| Designation | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Date | | | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |