

|    |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
|----|-----------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------|---------------------|---------------------------------------|-----------|------------------------------------------------------------------------|
| #  | ITB No. RFQ-034/18<br>Rehabilitation of Notary Building in<br>Qayarah |         | Date of<br>Site<br>Visit                                                                  | 24-<br>Jan-<br>2018 | Escorted<br>by<br>Military<br>forces? |           | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> |
|    | Time of Site Visit                                                    |         | Name(s) and job title of Gov. Rep.                                                        |                     |                                       |           |                                                                        |
|    | Start                                                                 | End     |                                                                                           |                     |                                       |           |                                                                        |
|    | 10:00 AM                                                              | 1:00 PM | <i>Handwritten:</i><br>1. <i>Handwritten signature</i><br>2. <i>Handwritten signature</i> |                     |                                       |           |                                                                        |
| 1  | Names of companies attended                                           |         | Rep. name                                                                                 |                     | Mobile/Email                          | Signature |                                                                        |
| 2  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 3  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 4  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 5  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 6  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 7  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 8  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 9  |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 10 |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 11 |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 12 |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |
| 13 |                                                                       |         |                                                                                           |                     |                                       |           |                                                                        |

| #  | Question ? | UNDP Respond |
|----|------------|--------------|
| 1  |            |              |
| 2  |            |              |
| 3  |            |              |
| 4  |            |              |
| 5  |            |              |
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| 9  |            |              |
| 10 |            |              |

Notes :

Prepared by:

Saad Ahmed Mahmood

Signature:



Position:

Civil Engineer

Name:

Saad Ahmed

Date:

24.1.2017