



Project Name : AL KHALIJI COMMERCIAL BANK HEADQUARTERS - MARINA MIX 040 (3B+G+26)	Form No. : P07-F14 Rev. 0 Feb. 2012
Project No. : P-264	
Client:	Consultant:
	Contractor:

DOCUMENT SUBMITTAL FORM

Submittal Type : <input type="checkbox"/> - Technical Submittals <input type="checkbox"/> - Procedures <input checked="" type="checkbox"/> - Others <input type="checkbox"/> - PQP / ITP <input type="checkbox"/> - Supplier Approval <input type="checkbox"/> - Test Reports <input checked="" type="checkbox"/> - Subcon Approval <input type="checkbox"/> - Design Data <input type="checkbox"/> - Method Statement <input type="checkbox"/> - Certificates <input type="checkbox"/> - Schedule / Reports	Submittal No. : REDCO-P264-BLUU-PQ-ARCH-023 Rev.: <u>0</u> Submittal Date : <u>April 7, 2018</u> Expected Response Date : _____ No. of Sets: a.) Hardcopy <u>2</u> Size: <u>A4</u> b.) E-copy <u>1</u> Type: <u>CD</u>
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Discipline:
 - Civil / Structural - Mechanical - Electrical - Architect / Interior Design - Others

Description of Documents:
PRE-QUALIFICATION DOCUMENT OF M/S HILLPOINT BUILDING SOLUTIONS
(Supply and Installation of Movable Partition and Acoustic Ceiling / Walls)

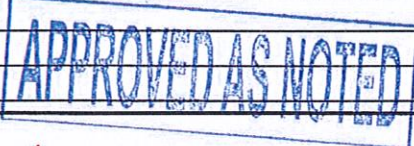


Submitted for :
 - Review and Approval - Re-Submitted for Review & Approval - For Information & Records

Prepared by: <u>Can Kamcioglu (Biu Sr. PM)</u> Name / Sign / Date	Reviewed by: (Technical Manager) <u>Mohammed Salah Omar</u> Name / Sign / Date	Recommended for Approval by: (Projects Manager) <u>Hisham El Magedy</u> Name / Sign / Date
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COMMENTS BY THE CONSULTANT (Use Review Comment Sheet When Necessary)

M/S HILLPOINT BUILDING SOLUTIONS IS ACCEPTABLE AS SUPPLIER OF MOVABLE PARTITION & ACOUSTIC CEILING & WALLS, PROVIDE WARRANTY STATEMENT OF SUPPLY, INSTALLATION & AFTER SALES / INSTALLATION SERVICES AS DOCUMENT SUPPLEMENT. UPDATE COMPANY REGISTRATION.



Submittal Status :
 - Approved - Approved as Noted - Revise and Resubmit - Rejected

Reviewed by: <u>[Signature]</u> <u>09.04.2018</u> Name / Signature Engineer-In-charge Designation Date	Approved by: <u>[Signature]</u> SANKARAN J.R. Name / Signature Project Manager Designation Date	Client Rep. Endorsement (when required): <u>[Signature]</u> RECEIVED 09 APR 2018 Name / Signature Designation Date
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Note : Approval or comments made to this submittal does not relieve the Contractor from their responsibilities. The assessment is to review the general conformance and compliance of the submittals to the contract and specification requirements.