|  |  |  |
| --- | --- | --- |
|  |  | Appendix No. 12  to the Contract No. \_\_\_\_\_\_\_\_\_\_\_\_\_  dd. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ |

|  |  |  |
| --- | --- | --- |
| THE EMPLOYER:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RRC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  s/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OKPO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OKVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OKATO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | THE CONTRACTOR:  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RRC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  s/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OGRN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  OKPO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OKVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OKATO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Certificate No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dd “\_\_” \_\_\_\_\_\_\_\_\_ 20\_\_**

of take-over for the services rendered

We, the undersigned, a representative of the CONTRACTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acting on the basis of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the representative of the EMPLOYER, on the one part,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acting on the basis of \_\_\_\_\_\_\_\_\_\_\_\_\_, on the other part, have prepared this Certificate stating that within the period from “\_\_\_” \_\_\_\_\_\_\_ 201\_\_ to “\_\_\_” \_\_\_\_\_\_\_ 201\_\_ the CONTRACTOR has rendered and the EMPLOYER has taken over the services rendered for Adjustment Supervision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at El-Dabaa NPP as per the provisions of Contract No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the following scope:

|  |  |
| --- | --- |
| Name of services | Services price, US dollars |
| Adjustment Supervision |  |
| Total: |  |

The services rendered by the CONTRACTOR meet the requirements of the Contract No. \_\_\_\_\_\_\_\_\_ dtd \_\_\_\_\_\_\_\_\_ \_\_\_.

Price of services rendered by the CONTRACTOR under this Certificate is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US dollars.

\_\_\_\_\_\_\_\_\_\_\_US dollars is due for transfer under this Certificate.

Enclosures:

1. Report on services rendered at the El-Dabaa NPP site;
2. Time and attendance statement about stay of the specialists under the Contract No.\_\_\_\_\_\_\_\_\_dd.\_\_\_\_\_\_\_\_\_\_on secondment at the Site.

On behalf of the EMPLOYER: On behalf of the CONTRACTOR:

Position, full name Position, full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

|  |  |
| --- | --- |
| **THE EMPLOYER:** | **THE CONTRACTOR:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ |

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|  |  | Enclosure No. 1.  Appendix No 12 Form of Take-over Certificate for the Services Rendered |

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| --- |
| **APPROVED BY:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (position)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full name)  “\_\_\_” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20  **REPORT No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  on the services rendered at the El-Dabaa NPP site    Representative of the CONTRACTOR:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**Table of contents of the Report**

1. Purpose of the Specialists’ secondment
2. Period of secondment
3. Scope of services rendered
4. Comments of the Specialists that were detected during ……………………………. at Site.
5. Conclusions

Date \_\_\_\_\_\_\_\_\_\_ El-Dabaa NPP Site

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| --- | --- | --- |
|  |  | Enclosure No. 2  Appendix No 12 Form of Take-over Certificate for the Services Rendered |

# TIME AND ATTENDANCE

# STATEMENT

about stay of the Specialists under the Contract No.\_\_\_\_\_\_\_\_\_dd.\_\_\_\_\_\_\_\_\_\_

on secondment at the Site.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item  No. | Last name and initials | Date of crossing  of ARE border | | Stay on a business trip, quantity of calendar days |
| Upon arrival | Upon departure |
|  |  |  |  |  |
| Total: | | | |  |

On behalf of the EMPLOYER: On behalf of the CONTRACTOR:

Position, full name Position, full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

|  |  |
| --- | --- |
|  |  |
|  |  |