

**QATARI DIAR OPERATIONS DEPARTMENT**

**LOGISTICS & OFFICE MANAGEMENT DIVISION**

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| --- | --- | --- | --- |
| Location /District in Lusail: |  | Plot No.: |  |
| Project Name (CP/BP/Plot): |  |

|  |  |  |
| --- | --- | --- |
|  | ***Main Contractor Authorized Signatory Details 1*** | |
| Name: |  | Signature: |
| Title: |  |
| Contact No.: |  | Stamp: |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| **2** | ***Main Contractor Authorized Signatory Details 2*** | |
| Name: |  | Signature: |
| Title: |  |
| Contact No.: |  | Stamp: |
| Email: |  |
| **3** | ***Main Contractor Authorized Signatory Details 3 HSE Manager*** | |
| Name: |  | Signature: |
| Title: |  |
| Contact No.: |  | Stamp: |
| Email: |  |
| **4** | ***Consultant Authorized Signatory Details*** | |
| Name: |  | Signature: |
| Title: |  |
| Contact No.: |  | Stamp: |
| Email: |  |

**AUTHORIZED SIGNATURES FOR VISITORS, MATERIALS OR EQUIPMENT ENTRY/ EXIT PASS**

|  |  |  |  |
| --- | --- | --- | --- |
| **QDREIC USE ONLY** | | | |
| **x**  **LE/LC** | **Logistics Lead/ Head** | **HSE Lead/ Head** | **Security Lead/ Head** |
| **x**  Signature: | | **x**  Signature: | **x**  Signature: |
| Date: | | Date: | Date: |
| **Logistics & Office Management Manager** | | **QDREIC Stamp** | |
| Signature: | |
| Date: | |

* **Note: It is mandatory**
* **To attend Safety, Logistics & Security Induction by authorized signatory at QDREIC to complete the approval process.**
* This form should be filled by the main Contractor & Consultant on behalf of the Developer or the main Construction Package Company, i.e. CPX.
* This form should be **text type, handwritten forms is not acceptable**.
* For Enabling works only – HSE Plan and Risk Assessment to be submitted.
* Welfare Facilities must be provided, i.e. Drinking Water, Rest Shelters.

QD-AMD-OP-L&OM001-Rev05