



**Ministry of Finance**  
Ameenee Magu, Male', Republic of Maldives  
Telephone: (960) 334 9266, Fax: (960) 332 0706

މިނިސްޓްރީ އޮފް ފައިނަންސް  
އިބްރާހިމް އަފްލަހް، ތާވު، ރިޕްބލިކް އޮފް ދިވެހިރާއްޖެ

**ADDENDUM 11**

11 ވަނަ އަދިބުކާ

ނަންބަރު No:	TES/2020/W-025	
ފޮތް ނަންބަރު Project:	Design and Build of Water Supply and Sewerage Facilities in 18 Islands (Lot 1 to Lot 18)	
ބޭރުކުރީ Issued Date	30 <sup>th</sup> November 2020	
ސަފުހާތަކުގެ އަދަދު No. of Pages: -02	ލިޔުމުގެ އަދަދު BoQ: -00	ނިޔަންކުރުމުގެ އަދަދު Drawings: -00

Please include this amendment when submitting the bid. ބިދު ހުށަހަޅާ ހިމާލެއްވުމަށްފަހު ސަބަބުގެ ތެރޭގައި މި އަދިބުކާ އިތުރުކުރަންޖެހޭނެ ކަންކަމެއް ހިމާލާންޖެހިފައިވާނެއެވެ.

➤ **Following changes are brought the Tender Document**

**- Section II – Data Sheet**

ITT Clause	Tender data that supplements the ITT
<b>ITT 24.1</b>	<p>For Tender <u>submission purposes</u> only, the Employer's address is:</p> <p>Ms.Fathimath Rishfa Ahmed, Procurement Executive, National Tender Ministry of Finance Ameenee Magu, Male', 20379 Republic of Maldives Tel: (960) 334 9102 E-mail: <a href="mailto:ibrahim.afrah@finance.gov.mv">ibrahim.afrah@finance.gov.mv</a> <a href="mailto:tender@finance.gov.mv">tender@finance.gov.mv</a></p> <p>Date: <b>10<sup>th</sup> December 2020</b> Time: <b>1300 hrs</b></p>
<b>ITT 27.1</b>	<p>The Tender opening shall take place at: Street Address:</p> <p>National Tender Ministry of Finance Ameenee Magu, Male', 20379 Republic of Maldives</p> <p>Date: <b>10<sup>th</sup> December 2020</b> Time: <b>1300 hrs</b></p>



**- Section III – Evaluation and Qualification Criteria**

**2.4.1 Experience**

Criteria	Compliance Requirements				Documents
Requirement	Single Entity	Joint Venture			Submission Requirements
		All Partners Combined	Each Partner	One Partner	
<b><i>General Experience</i></b>					
Experience under contracts in the role of contractor, subcontractor, or management contractor within the last 10 (Ten) years prior to the applications submission deadline.	must meet requirement	not applicable	must meet requirement	Not applicable	Form EXP – 1

ނަންމު

Name: Fathimath Rishfa Ahmed

අත්සන

Signature:

