

<p style="text-align: center;"><u>SUBMITTAL NO.:</u> <u>23/1-WSBSP/E-0322-R0/12063201</u></p> <p style="text-align: center;"><u>14 January 2024</u></p>	<p style="text-align: center;">Renewable Energy Projects Department Central & Eastern Projects Division</p> <p style="text-align: center;"><u>PROJECT'S</u> <u>SUBMITTAL/TRANSMITTAL</u></p>	<p style="text-align: right;">الشركة السعودية للكهرباء Saudi Electricity Company نعمل بإتقان من أجلكم</p>																																							
<p>CONTRACT NO.: 4400017381 CONTRACTOR: ALFANAR BUDGET ITEM NO. JOB ORDER NO.: 1-2213033.01 PROJECT TITLE : “Construction of waad al shamaal wind 380/132kv BSP</p>																																									
<p>ATTENTION: Divisional Manager (s) ;</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Project Execution-COA (Generation)</p> <p>Substation Engineering & Design Division</p> <p>Protection Engineering Division Central</p> <p>Field Operation & Control - Hail</p> <p>Substation Division-Riyadh</p> <p>Protection Division</p> <p>High Commissioning Industrial Department(HCIS)</p> <p>Under Ground Cable Maintenance</p> <p>Operational Studies-PP3</p> <p>Project Development Dept.</p> <p>SCADA Division – COA</p> <p>Commissioning Service Division-Central</p> <p style="background-color: yellow;">Standards & Specifications Dept./Pre-Qualification & Support Facility Division</p> </div> <div style="width: 45%;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">HV Planning-COA</td><td style="width: 30px; border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">TE&SAD-COA</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Technical Support Depart.</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">EHV Documentation Division</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Quality Health Safety Environment (QHSE) -COA</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">EHV Planning – COA</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Safety & Environment Protection</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Operation & Control -EOA</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">ISD/Safety Environment</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Telecom Maintenance- Central</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Telecom Technical Support Division</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Project Quality Monitoring Division</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td><td style="border: 1px solid black; padding: 2px;">Cyber Security</td><td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td></tr> </table> </div> </div>			<input type="checkbox"/>	HV Planning-COA	<input type="checkbox"/>	<input type="checkbox"/>	TE&SAD-COA	<input type="checkbox"/>	<input type="checkbox"/>	Technical Support Depart.	<input type="checkbox"/>	<input type="checkbox"/>	EHV Documentation Division	<input type="checkbox"/>	<input type="checkbox"/>	Quality Health Safety Environment (QHSE) -COA	<input type="checkbox"/>	<input type="checkbox"/>	EHV Planning – COA	<input type="checkbox"/>	<input type="checkbox"/>	Safety & Environment Protection	<input type="checkbox"/>	<input type="checkbox"/>	Operation & Control -EOA	<input type="checkbox"/>	<input type="checkbox"/>	ISD/Safety Environment	<input type="checkbox"/>	<input type="checkbox"/>	Telecom Maintenance- Central	<input type="checkbox"/>	<input type="checkbox"/>	Telecom Technical Support Division	<input type="checkbox"/>	<input type="checkbox"/>	Project Quality Monitoring Division	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cyber Security	<input type="checkbox"/>
<input type="checkbox"/>	HV Planning-COA	<input type="checkbox"/>																																							
<input type="checkbox"/>	TE&SAD-COA	<input type="checkbox"/>																																							
<input type="checkbox"/>	Technical Support Depart.	<input type="checkbox"/>																																							
<input type="checkbox"/>	EHV Documentation Division	<input type="checkbox"/>																																							
<input type="checkbox"/>	Quality Health Safety Environment (QHSE) -COA	<input type="checkbox"/>																																							
<input type="checkbox"/>	EHV Planning – COA	<input type="checkbox"/>																																							
<input type="checkbox"/>	Safety & Environment Protection	<input type="checkbox"/>																																							
<input type="checkbox"/>	Operation & Control -EOA	<input type="checkbox"/>																																							
<input type="checkbox"/>	ISD/Safety Environment	<input type="checkbox"/>																																							
<input type="checkbox"/>	Telecom Maintenance- Central	<input type="checkbox"/>																																							
<input type="checkbox"/>	Telecom Technical Support Division	<input type="checkbox"/>																																							
<input type="checkbox"/>	Project Quality Monitoring Division	<input type="checkbox"/>																																							
<input checked="" type="checkbox"/>	Cyber Security	<input type="checkbox"/>																																							
<p>YOUR REF: DATED:</p>																																									
<p><u>CONTRACTORS TRANSMITTAL</u> PLEASE FIND HEREWITH THE FOLLOWING CONTRACTOR LETTER: REF. NO.: ALF/WSBSP/E/322-R0 DATE: 09.01.2024</p>																																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Drawing</td> <td style="width: 25%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Material(s)</td> <td style="width: 25%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Test Procedure(s)</td> <td style="width: 25%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Test Report(s)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Calculation</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Manual(s)</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Training</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Weekly Schedule</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Submittal</td> <td colspan="5"></td> <td></td> </tr> </table>			<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Material(s)	<input type="checkbox"/>	Test Procedure(s)	<input type="checkbox"/>	Test Report(s)	<input type="checkbox"/>	Calculation	<input type="checkbox"/>	Manual(s)	<input type="checkbox"/>	Training	<input type="checkbox"/>	Weekly Schedule	<input checked="" type="checkbox"/>	Submittal																					
<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Material(s)	<input type="checkbox"/>	Test Procedure(s)	<input type="checkbox"/>	Test Report(s)																																		
<input type="checkbox"/>	Calculation	<input type="checkbox"/>	Manual(s)	<input type="checkbox"/>	Training	<input type="checkbox"/>	Weekly Schedule																																		
<input checked="" type="checkbox"/>	Submittal																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 60%;">Description</th> <th style="width: 30%;">Remarks</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td>ITP of Latticed Steel Structures</td> <td></td> </tr> </tbody> </table>			No.	Description	Remarks	01	ITP of Latticed Steel Structures																																		
No.	Description	Remarks																																							
01	ITP of Latticed Steel Structures																																								
<p>FOR ACTION :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Reply To Our Previous Letter (Reminder)</td> <td style="width: 10%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">Coordination with Other Division</td> <td style="width: 10%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Your Review / Comments or Approval</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/></td> <td>Attend A Meeting</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Necessary Action</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td>Others: Please See Note Below</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Your Info/Record</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>At Your Request</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			Reply To Our Previous Letter (Reminder)	<input type="checkbox"/>	Coordination with Other Division	<input type="checkbox"/>	Your Review / Comments or Approval	<input checked="" type="checkbox"/>	Attend A Meeting	<input type="checkbox"/>	Necessary Action	<input type="checkbox"/>	Others: Please See Note Below	<input type="checkbox"/>	Your Info/Record	<input type="checkbox"/>			At Your Request	<input type="checkbox"/>																					
Reply To Our Previous Letter (Reminder)	<input type="checkbox"/>	Coordination with Other Division	<input type="checkbox"/>																																						
Your Review / Comments or Approval	<input checked="" type="checkbox"/>	Attend A Meeting	<input type="checkbox"/>																																						
Necessary Action	<input type="checkbox"/>	Others: Please See Note Below	<input type="checkbox"/>																																						
Your Info/Record	<input type="checkbox"/>																																								
At Your Request	<input type="checkbox"/>																																								
<p>Should you have any question, please contact Eng. Ali Asghar Panhwar e-mail: AAPanhwar@se.com.sa</p>		<p>Best Regards,</p> <div style="text-align: center; margin: 10px 0;"> </div> <p style="text-align: center; color: blue;">for Eng. Abdul Rahman Al-Rajhi</p> <p style="text-align: center;">Renewable Energy Projects Department</p>																																							