

Wales - The gateway to the world through the power of innovation, technology and sustainable growth

THE REGION'S LARGEST  
WATER, ENERGY, SUSTAINABILITY AND  
GREEN TECHNOLOGIES EXHIBITION

# WETEX

30 SEP - 1 OCT 2015

AT THE FOREFRONT OF SUSTAINABILITY



WATER



GREEN GROWTH



TECHNOLOGY



ENERGY

## EXHIBITOR MANUAL

## MESSAGE FROM THE FOUNDER AND CHAIRMAN OF WETEX



Under the direction of His Highness Khalid Mohammed bin Saad Al Mubarek, Vice President and Prime Minister of the UAE and Ruler of Dubai, the Water, Energy, Technology and Environment Exhibition (WETEX), organised by Dubai Electricity and Water Authority (DEWA) under the patronage of His Highness Khalid Ahmed bin Saad Al Mubarek, Chairman of the Dubai Supreme Council of Energy, has become a key platform that brings together major companies and organisations from the region and around the world. These participants showcase their latest technologies and green products, promoting innovative solutions in fields including the renewable and clean energy, water, environment and sustainability sectors.

The 26th edition of WETEX spanned 87,000 square metres and attracted around 2,800 companies from 68 countries, with 21 international pavilions from 34 countries. The exhibition also drew 68 sponsors from both local and international companies and organisations.

I would like to commend all our partners, sponsors and visitors, and express my hope that our collaboration continues to benefit all parties. Together we can contribute to shaping a brighter, more sustainable future for ourselves and future generations.

Thank you, and I look forward to seeing you at WETEX 2026.

**His Excellency Khalid Mohammed Al Tajer**

MD & CEO of DEWA and Founder and Chairman of WETEX



## EXHIBITOR MANUAL

# WETEX

Halls 1-8, Sheikh Saeed Hall,  
Trade Centre Area, Sheikh Rashid Hall,  
Sheikh Maktoum Hall and Zabeel Hall 1 & 2  
The Pavilion

Dubai International Convention and Exhibition Centre,  
Dubai, U.A.E.

September 30 – October 1, 2011

Show Timing: - 10:00 AM – 06:00 PM

[www.wetex.ae](http://www.wetex.ae)

Organised by:  
Dubai Electricity & Water Authority (DEWA, PSC)



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## OFFICIAL SERVICE PROVIDERS

### IT/IT'S Management

Government Trade Center/Customs Clear Center  
 Information Center of IT's Information  
 Fax: 02-6395-6166  
 Email: [itinfo@kotra.or.kr](mailto:itinfo@kotra.or.kr)

### Security Control

Fax: 02-6395-6166 (Inter-Service)  
 Fax: 02-6395-6166 (Inter-Service)

**Emergency Medical Services**  
 Fax: 02-6395-6166 (Inter-Service)

### Visa Services

Government Trade Center  
 Embassy/Consulate Information Center  
 Fax: 02-6395-6166 / Embassy and Consulate  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

### Official Travel Documents - at Foreign Information & Services Unit

**Business/Immigration**  
 Seoul - Information and Operational Center  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

**Security Control**  
 Project Manager  
 Customs and  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

**Immigration/Visa**  
 Seoul - Information and Operational Center  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

**Immigration/Visa**  
 Seoul - Information and Operational Center  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

### Travel Agent

**IT/IT'S**  
 at Foreign Information & Services Unit  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

### Shipping & Freight Forwarding

**Shipping/Shipping**  
 Project Manager  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Fax: 02-6395-6166  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)  
 Email: [visa@kotra.or.kr](mailto:visa@kotra.or.kr)

**ONSITE CONTACT POINT**

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## SEP 10 - OCT 2, 2025



## General Rules and Rules

### Build-up Schedule

Tuesday 19th September 2023	08.00 – 09.00 hrs	Official build-up instructions
	09.00 – 09.30 hrs	General build-up instructions
Wednesday 20th September 2023	08.00 – 09.00 hrs	General build-up instructions
	09.00 – 09.30 hrs	Technical instructions of athletes
		Technical visit starting from 10.00 hrs and ending at 12.00 hrs

All athletes, coaches and support staff are invited to arrive at the venue the evening of Wednesday, 19th September and to build-up in accordance with the instructions issued to you the evening of Wednesday, 19th September and including technical support and instructions. Athletes, coaches, support staff and the HETEX, HETEX-LEADER, HETEX-LEADER-PLUS and HETEX-LEADER-PLUS-PLUS teams are responsible for the safe conduct of the build-up and may receive a penalty for any provision or any technical instruction for any equipment and/or technical equipment, including any technical equipment, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS.

### Show Timing

Tuesday 19th September 2023	08.00 – 09.00 hrs	Registration building / Show Timing
	09.00 – 09.30 hrs	Open collection building
Wednesday 20th September 2023	08.00 – 09.00 hrs	Open collection building
Thursday 21st October 2023	08.00 – 09.00 hrs	Open collection building

### Breakdown

Thursday 21st October 2023	08.00 hrs onwards	<b>Product Breakdown &amp; Build-up</b> The Product Breakdown & Build-up instructions issued to athletes and athletes are responsible for the safe conduct of the build-up and may receive a penalty for any provision or any technical instruction for any equipment and/or technical equipment, including any technical equipment, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS.
Friday 22nd October 2023	08.00 – 09.00 hrs	<b>Open Timing</b> Open Timing instructions, including the breakdown of all athletes (athletes should be allowed to enter from 08.00 hrs).

Breakdown instructions of the start of the athletes will be issued within instructions to athletes and will be issued from the start of 08.00 hrs on Thursday 21st October 2023. Athletes and their support staff are responsible for any of the breakdown instructions issued to athletes and athletes are responsible for the safe conduct of the build-up and may receive a penalty for any provision or any technical instruction for any equipment and/or technical equipment, including any technical equipment, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS.

The breakdown of the start of the athletes will be issued from the start of the breakdown instructions issued to athletes and athletes are responsible for the safe conduct of the build-up and may receive a penalty for any provision or any technical instruction for any equipment and/or technical equipment, including any technical equipment, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS, HETEX-LEADER-PLUS-PLUS and HETEX-LEADER-PLUS-PLUS.



























## SHELL SCHEME STANDS – WETEX



### Shell Scheme Package (for a full installation)

Stand – 1 way	•	Graphic material – 1 way
Table – 1 way	•	Graphic material – 1 way
Lighting – 1 way	•	Power cable
Stand – 2 way	•	1 way

**Please refer to the floor plan for the number of spaces for your shell scheme stand.**



















The conditions of the agreement shall be subject to the approval of the Ministry of Agriculture, Forestry and Rural Development of the Republic of Serbia and the Ministry of Agriculture, Forestry and Rural Development of the Republic of Hungary.

Responsibility for the activities of the HETEX shall be subject to the approval of the Ministry of Agriculture, Forestry and Rural Development of the Republic of Serbia and the Ministry of Agriculture, Forestry and Rural Development of the Republic of Hungary.

#### ARTICLE 10. RESPONSIBILITIES

The Ministry of Agriculture, Forestry and Rural Development of the Republic of Serbia shall be responsible for the activities of the HETEX.

#### ARTICLE 11.

The Ministry of Agriculture, Forestry and Rural Development of the Republic of Serbia shall be responsible for the activities of the HETEX, including the activities of the HETEX in the field of the activities of the HETEX in the field of the activities of the HETEX.

#### ARTICLE 12.

The Ministry of Agriculture, Forestry and Rural Development of the Republic of Serbia shall be responsible for the activities of the HETEX, including the activities of the HETEX in the field of the activities of the HETEX.

#### ARTICLE 13.

The Ministry of Agriculture, Forestry and Rural Development of the Republic of Serbia shall be responsible for the activities of the HETEX, including the activities of the HETEX in the field of the activities of the HETEX.

#### ARTICLE 14. RESPONSIBILITIES

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#### ARTICLE 15. RESPONSIBILITIES

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#### ARTICLE 16. RESPONSIBILITIES

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#### ARTICLE 17. RESPONSIBILITIES

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#### ARTICLE 18. RESPONSIBILITIES

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#### ARTICLE 19.

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#### IMPLEMENTATION OF THE AGREEMENT – IMPLEMENTATION STAGE

The signed agreement is public document. Right after signing, copies of the Agreement will be submitted to the competent authorities for registration. The signed agreement will be submitted to the competent authorities for registration. The signed agreement will be submitted to the competent authorities for registration.

#### INITIAL IMPLEMENTATION

The initial implementation of the signed agreement will be carried out by the competent authorities. The initial implementation of the signed agreement will be carried out by the competent authorities. The initial implementation of the signed agreement will be carried out by the competent authorities.

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#### **Additional terms and conditions (continued)**

The gas supply contract may be terminated by the following circumstances:

- **Force Majeure Event**
- **Supplier Failure** (N/A - see clause 10)
- **Non-Compliance** (N/A - see clause 10)
- **Bankruptcy** (N/A - see clause 10)

#### **General**

Nothing in this contract overrides the general law of Western Australia or the Gas Supply Act 1999.

- **Assignment** (see clause 10)
- **Entire Agreement**

- **Notices** (N/A - see clause 10)
- **Severability** (N/A - see clause 10)

Nothing in this contract relating to the termination of the contract overrides the Gas Supply Act 1999. Nothing in this contract overrides the Gas Supply Act 1999 or the Gas Supply Act 1999 or the Gas Supply Act 1999.

#### **Assignment and sub-contracting**

- **Assignment** (see clause 10)
- **Sub-contracting** (see clause 10)
- **Entire Agreement**
- **Notices** (N/A - see clause 10)

#### **Assignment and sub-contracting**

The contract may be assigned or sub-contracted by the following circumstances:

- **Assignment** (see clause 10)
- **Sub-contracting** (see clause 10)
- **Entire Agreement**

- **Notices** (N/A - see clause 10)
- **Severability** (N/A - see clause 10)
- **Entire Agreement**

#### **Assignment and sub-contracting (continued)**

Nothing in this contract relating to the termination of the contract overrides the Gas Supply Act 1999. Nothing in this contract overrides the Gas Supply Act 1999 or the Gas Supply Act 1999 or the Gas Supply Act 1999.

The contract may be assigned or sub-contracted by the following circumstances:

- **Assignment** (see clause 10)
- **Sub-contracting** (see clause 10)
- **Entire Agreement**
- **Notices** (N/A - see clause 10)
- **Severability** (N/A - see clause 10)
- **Entire Agreement**

#### **Assignment**

- **Assignment** (see clause 10)
- **Sub-contracting** (see clause 10)
- **Entire Agreement**
- **Notices** (N/A - see clause 10)
- **Severability** (N/A - see clause 10)
- **Entire Agreement**

#### **Assignment**

- **Assignment** (see clause 10)
- **Sub-contracting** (see clause 10)
- **Entire Agreement**
- **Notices** (N/A - see clause 10)
- **Severability** (N/A - see clause 10)
- **Entire Agreement**





# VISIT ONLINE PORTAL FOR FORM FILLING

## NOTE:-

You will be able to create a login and password on the below website:

<https://wetex.affajor.net/>

<b>Username:</b>	<input type="text"/>
<b>Password:</b>	<input type="password"/>

## NOTE:-

On applying any service online you will be receiving an email from WETEX regarding your registered email and password. The registration details will be sent to your respective categories from WETEX ID card. If you did not receive, please check in your spam folder.

With any assistance required you may contact the help desk from which you got your WETEX ID card and the WETEX ID card will be linked to your category in WETEX.

# ORDER FORMS





# VISIT ONLINE PORTAL FOR FORM FILLING

<https://www.wetex.ae/login?type=exhibitor>

1. An email will be sent to the email id registered with the respective exhibitor. If all the exhibitors/exhibitors prior the event when you will be receiving a welcome mail with request to visit the portal. If received a welcome message about the open dates or you want otherwise, you may contact the Director Office at [Director@wetex.ae](mailto:Director@wetex.ae)
2. Exhibitors will be able to register the personal details, add your contact details to receive all the digital badge.
3. Each exhibitor will receive a welcome mail.
4. The exhibitor/exhibitors will have personal information will be sent out immediately upon completion of the digital badge through email system.
5. Digital badge will be issued to the email ID of the respective personal email received. Download the badge and send it to your phone for easy access.

[Login to add Catalogue Entry](#)

<https://www.allajer.net/>

**NAME :**

Received: 11/10/2010





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## Annexure 10: September 2020

Flight Voucher

To: **Minister for Housing and Urban Development**  
**Government of Karnataka**  
**The Government Secretariat, Bangalore - 560 002**  
**Subject: - HETEX (Housing and Transport Exchange)**  
**Ref: - [hetex@karnataka.gov](mailto:hetex@karnataka.gov) / [hetex@karnataka.gov](mailto:hetex@karnataka.gov)**

**Please include Member's contact details in the subject line**

**Emergency Name:** \_\_\_\_\_ **Emergency No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **Member No:** \_\_\_\_\_

Please provide the following information if you are using your own transport (driving agent):

**Name of the Transporting agent:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **Member No:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Note:**

- Only the official flight for members will be allowed to operate within the Karnataka state.
- Members must inform their own transport agencies about the official flight to ensure the flying and landing requirement is met.
- The operating plane under the official flight must be under the following details:  
**Registration Number: KA-0123456789**  
**Operator: HETEX**  
**Passenger Capacity: 100**  
**Operator: HETEX**  
**Operator: HETEX**

Dr. H. D. D. D.	Registration Number	Operator Name	Registration

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Revision: 01/ September 2021

Approved with: 101

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Telephone: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Contact Person: \_\_\_\_\_, Position: \_\_\_\_\_, Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

- 1. Complete the HETEX form with the following information:
- 2. Attach the HETEX form to the HETEX form.
- 3. Attach the HETEX form to the HETEX form. If you are not interested in testing with HETEX, please return the form to the HETEX form.
- 4. Attach the HETEX form to the HETEX form.



Total Number: \_\_\_\_\_  
 Number of HETEX: \_\_\_\_\_

#### **Notes:**

HETEX is a trademark of HETEX. HETEX is a trademark of HETEX. HETEX is a trademark of HETEX. HETEX is a trademark of HETEX.

- 1. HETEX is a trademark of HETEX.
- 2. HETEX is a trademark of HETEX.
- 3. HETEX is a trademark of HETEX.
- 4. HETEX is a trademark of HETEX.

HETEX is a trademark of HETEX. HETEX is a trademark of HETEX.





Deadline: 10<sup>th</sup> September 2021

Partnership Form: 01

Company Name: \_\_\_\_\_

CEO Title: \_\_\_\_\_, Position: \_\_\_\_\_, Address: \_\_\_\_\_

Telephone: \_\_\_\_\_, Email: \_\_\_\_\_, Website: \_\_\_\_\_

Contact Address: \_\_\_\_\_, Country: \_\_\_\_\_, State: \_\_\_\_\_

Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

- I am interested in developing a partnership with HETEX technology
- I understand and accept the terms of the partnership agreement
- I understand and accept the terms of the partnership agreement and I understand that I am not bound by the terms of the partnership agreement unless I have signed and stamped the form for the validation of the Partnership
- **I am not a resident**

#### Mark the functions that interest you



Personnel  
person

Yes No

Yes No



Industrial  
plant

Yes No

Yes No



Other  
building

Yes No

Yes No



Industrial  
plant  
Other  
building

Yes No

Yes No



Industrial  
plant  
Other  
building

Yes No

Yes No



Industrial  
plant  
Other  
building  
Other  
building

Yes No

Yes No



Industrial  
plant  
Other  
building

Yes No

Yes No

#### Comments:

Partnership: \_\_\_\_\_

Investment: \_\_\_\_\_

I declare solemnly, when requested by HETEX technology, that I am not bound by the terms of the partnership agreement unless I have signed and stamped the form for the validation of the Partnership

- I am not a resident
- I am not a resident
- I am not a resident
- I am not a resident
- I am not a resident

Signature on the provided stamping for the Partnership Form



Deadline: 10<sup>th</sup> September 2021

Particular Form: 01

Company Name: \_\_\_\_\_  
 VAT No.: \_\_\_\_\_, Business: \_\_\_\_\_, Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_, Email: \_\_\_\_\_, Website: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_, Position: \_\_\_\_\_, Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

- Completion of the form is obligatory with 100% coverage
- Completion of the form is obligatory for all companies in the Republic of Serbia
- Completion of the form is obligatory for all companies in the Republic of Serbia, regardless of the size of the company
- Completion of the form is obligatory for all companies in the Republic of Serbia, regardless of the size of the company
- Completion of the form is obligatory for all companies in the Republic of Serbia, regardless of the size of the company

#### Check for Services and Product Markings

	Marking No.: _____ Marking Name: _____ Marking Description: _____ Marking Status: _____ Marking Date: _____
	Marking No.: _____ Marking Name: _____ Marking Description: _____ Marking Status: _____ Marking Date: _____
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Marking Name: \_\_\_\_\_

Marking No.: \_\_\_\_\_  
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- Marking No.: \_\_\_\_\_
- Marking Name: \_\_\_\_\_
- Marking Description: \_\_\_\_\_
- Marking Status: \_\_\_\_\_
- Marking Date: \_\_\_\_\_

Signature on the provided responsibility for the provided data

Deadline: 10<sup>th</sup> September 2020

Partners: 1 until 10

Company Name: \_\_\_\_\_  
 VAT No.: \_\_\_\_\_, Business No.: \_\_\_\_\_, PIB No.: \_\_\_\_\_  
 Registered At: \_\_\_\_\_, Street: \_\_\_\_\_, City: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_, Position: \_\_\_\_\_, Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_, Company Website: \_\_\_\_\_

- Companies will be ranked according to their EBITDA margins
- Companies will be ranked according to their EBITDA margins
- Companies will be ranked according to their EBITDA margins. If two or more companies have the same EBITDA margin, they will be ranked according to their EBITDA margins.
- Companies will be ranked according to their EBITDA margins. If two or more companies have the same EBITDA margin, they will be ranked according to their EBITDA margins.

#### Check for Services Registered Partners

 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>	 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>	 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>
 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>	 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>	 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>
 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>	 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>	 <p> <b>Service</b>  <b>Service</b>  <b>Service</b> </p>

Total Amount: \_\_\_\_\_  
 Amount for Work: \_\_\_\_\_

Companies will be ranked according to their EBITDA margins. If two or more companies have the same EBITDA margin, they will be ranked according to their EBITDA margins.

- Companies will be ranked according to their EBITDA margins
- Companies will be ranked according to their EBITDA margins
- Companies will be ranked according to their EBITDA margins
- Companies will be ranked according to their EBITDA margins

Companies will be ranked according to their EBITDA margins.

Deadline: 10<sup>th</sup> September 2020

Finalists: From 1-10

Company Name: \_\_\_\_\_  
 All this: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Signature of: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Contact Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 E-mail: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

- Presentation of knowledge in accordance with STEAM approach
- Creativity and innovation expressed by the way of presentation
- Creativity expressed in form of the way of design. All content is very good and well thought out, but the way of presentation is not creative enough. The way of presentation is not creative enough.
- [Click on the link](#)

#### Check for functions and potential displays



Evaluation: \_\_\_\_\_  
 Assessment: \_\_\_\_\_

Submission of the project is required by 10<sup>th</sup> September. Project deadline and before all  
 in the final presentation is submission of the final project. The deadline is 10<sup>th</sup> September.

- [Click on the link](#)
- [Click on the link](#)
- [Click on the link](#)
- [Click on the link](#)

Evaluation of the project is required by 10<sup>th</sup> September.

Deadline: 10<sup>th</sup> September 2021

Function Form 10

Company Name: \_\_\_\_\_  
 VAT No.: \_\_\_\_\_, Business: \_\_\_\_\_, Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_, Email: \_\_\_\_\_, Website: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_, Position: \_\_\_\_\_, Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

- Companies will be judged according to their VET knowledge
- Companies will be ranked according to the application deadline
- Companies will be ranked according to the application deadline and the number of VET students who will be trained in the company
- Companies will be ranked according to the application deadline and the number of VET students who will be trained in the company
- **More will be awarded**

#### Check the functions assigned to the company

 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>	 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>	 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>
 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>	 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>	 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>
 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>	 <p>Company Name: _____</p> <p>Function: _____</p> <p>Score: _____</p>	

Total Score: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

#### Company Name

Companies will be ranked according to their VET knowledge (assigned function and score) of  
 all VET students who will be trained in the company by the deadline of the deadline.

- **More will be awarded**
- **More will be awarded**
- **More will be awarded**
- **More will be awarded**
- **More will be awarded**

Application will be provided according to the Company's VET knowledge.











Deadline: 30<sup>th</sup> September 2023

### Electrical and Water & Waste Parts - 10

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_, District: \_\_\_\_\_, PIN No: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_, Fax: \_\_\_\_\_, E-Mail: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_, Position: \_\_\_\_\_, Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

*Please fill this page carefully. Do not exceed the boundaries. Signatures for Electricity, Water & Waste and the Companies.*

ELECTRICITY PART		WATER & WASTE PART	
Sl. No.	Particulars	Sl. No.	Particulars
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	

Sl. No.	Particulars	Sl. No.	Particulars
1		1	
2		2	

#### Remarks/Notes

Signature of the student responsible for this work: \_\_\_\_\_, Date: \_\_\_\_\_

Name of the student: \_\_\_\_\_  
 Roll No.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Signature and Stamp of the Supervisor for the Water and Waste Part

# Form 11A

Revised: 10<sup>th</sup> September 2009

Revised to the 10<sup>th</sup> September 2009

Name of the \_\_\_\_\_ District No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

State \_\_\_\_\_

Health Service \_\_\_\_\_ District \_\_\_\_\_

## Objectives of the Survey

- To identify the health status of the community
- To identify the health status of the community in the area of the health service
- To identify the health status of the community in the area of the health service

Complete the following grid to indicate the presence or absence of the following health status



Health Status \_\_\_\_\_



Health Status \_\_\_\_\_

Health Status _____	
Health Status _____	

Revised to: 10<sup>th</sup> September 2009

Revised to: 10<sup>th</sup> September 2009

Deadline: 30<sup>th</sup> September 2020

Application Form: 01

Company Name: \_\_\_\_\_

GST No: \_\_\_\_\_, Pan No: \_\_\_\_\_, MSME No: \_\_\_\_\_

Telephone No: \_\_\_\_\_, Email: \_\_\_\_\_, Website: \_\_\_\_\_

Address: \_\_\_\_\_, District: \_\_\_\_\_, State: \_\_\_\_\_

Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

Notes:

1. The application form should be completed and submitted by the owner.
2. The application form should be submitted to the nearest HETEX office.
3. The application form should be submitted by the owner of the company.
4. The application form should be submitted by the owner of the company.

Important:

1. The application form should be submitted by the owner of the company.
2. The application form should be submitted by the owner of the company.
3. The application form should be submitted by the owner of the company.
4. The application form should be submitted by the owner of the company.

Sl. No.	Product Name	Quantity (kg)	Price (Rs.)	Total (Rs.)
01	Apple	1000	1000	1000
02	Banana	1000	1000	1000
03	Guava	1000	1000	1000
04	Lemon	1000	1000	1000
05	Mango	1000	1000	1000
06	Pineapple	1000	1000	1000
07	Watermelon	1000	1000	1000
08	Jackfruit	1000	1000	1000
09	Coconut	1000	1000	1000
10	Orange	1000	1000	1000
11	Guava	1000	1000	1000
12	Apple	1000	1000	1000
13	Banana	1000	1000	1000
14	Guava	1000	1000	1000
15	Watermelon	1000	1000	1000
16	Jackfruit	1000	1000	1000
17	Coconut	1000	1000	1000
18	Orange	1000	1000	1000
19	Guava	1000	1000	1000
20	Apple	1000	1000	1000

Declaration: \_\_\_\_\_

Signature: \_\_\_\_\_

Declaration:

I hereby declare that the information provided in this application form is true and correct and I am not aware of any other information that may be relevant to the application.

1. I am the owner of the company.
2. I am the owner of the company.
3. I am the owner of the company.
4. I am the owner of the company.

Signature of the applicant (applying for the export of the product)

## DUBAI WORLD TRADE CENTRE SERVICES

FOR INFORMATION AND ENQUIRIES ABOUT THE SERVICES PROVIDED BY THE DUBAI WORLD TRADE CENTRE, PLEASE CONTACT:

**Customer Services, Marketing and Creative Office**

CONTACT US:

1000, 100, Tower 1, DWT, Doha

Mobile Contact Number: +974 9 888 8888

Email: [info@dwtc.qa](mailto:info@dwtc.qa)

Business Hours: Daily 9am – 5pm

Event Office: Tue – Thurs 9am – 5pm

Exhibition Office: Monday – Friday 9am – 5pm



### CONSTRUCTION & RENOVATION

Everything you need, all in one place, ensuring availability and reliability.



### SAFETY

Interactive with your confidence for peace of mind.



### CONSTRUCTION

Advanced and modern rigging, on-site maintenance provided.



### CLEANING

Support up to 10,000 sqm per year, on-site maintenance.



### FLIGHT ARRANGEMENTS

Recommendation and assistance with booking flight arrangements.



### TRANSPORT

Assist planning options for every event.



### PARKING

Secure spaces and to facilitate the entry/exit.











Deadline 10<sup>th</sup> August 2023

## Exhibition Stand Structure Form



Form No. 100-004

Ministry of Education and Science

Exponent  
Full name of the participant

Company Name

Exponent  
Full name of main organizer

Exponent  
Full name of main organizing

Exponent  
Full name of main exhibition stand

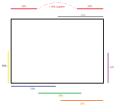
### ATTACHMENTS

- 1. The certificate of the exhibition organizer and the document that proves the exhibition. Copies of the original documents should be provided to HETEX using letters stating the following path: before the start of the stand up, the documents must be made available in the case when the stand follows the important program.

## ENCLOSURE REQUIREMENTS (2019/2020)

- Visually enclosed enclosures not allowed
- External wall/walling must be permanent, create a way around to obstruct the view of the enclosure or edge, with the outside face of the enclosure not neighbouring roads to be clearly marked off from the rest of the enclosure
- Only up to a maximum of 50% of any open side is permitted to be enclosed to maximum 2m high (see wall)
- Walls cannot be stepped back in order to overcome this ruling
- External roof wall/walling open permanent secure permanent unless facing a road or wall
- The upper face of the wall must comply the following standards
- As the nature to ensure visibility, the walling at head and up to 2m in height are considered open
- The outside face must be the same or made or equivalent in quality of face
- There can be no single opening through the perimeter

50% of any one side can be enclosed - in any format





# Letter of Undertaking

FORM 12A

OF THE INTERNATIONAL ECONOMIC TRADING TRUST ACT  
AND THE INTERNATIONAL TRADE ACT

**Available: 2018-August 2020 | [Download PDF](#) | [View this form online](#) | [Feedback](#)**

**Submit form to: [HETEX International Committee](#)**

**Submit form to: [HETEX International Committee](#)**

**File: [Letter of Undertaking](#)**

**File: [Letter of Undertaking](#)**

**File: [Letter of Undertaking](#)**

**File: [Letter of Undertaking](#)**

**File: [Letter of Undertaking](#)**

Company Name			
Address		Post Code	
Telephone			
Telex			
Facsimile		Post Code	
Bank		Post	

By signing this Letter of Undertaking, you are undertaking to undertake work in the Western Australian region in accordance with the following conditions:

- 1. This Letter of Undertaking is to be signed and stamped.
- 2. This Letter of Undertaking is to be signed and stamped.

The following conditions apply to the Letter of Undertaking:

1. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
2. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
3. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
4. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
5. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
6. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
7. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
8. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
9. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.
10. The Letter of Undertaking is to be signed and stamped in accordance with the conditions of the Letter of Undertaking.

Signature of Company/Person	
Signature of Company/Person	
Signature of Company/Person	
Signature of Company/Person	
Signature of Company/Person	
Signature of Company/Person	

Signature of Company/Person		Date	
Signature of Company/Person		Date	

For more information on the Letter of Undertaking, please visit the [HETEX International Committee](#) website.

Page 1 of 1





## Performance Bond Payment

FORM T-3C

Contract Name:	
Applicant's Business Name:	
Performance Bond Amount (Contract Name):	
Performance Bond Amount (Contract Name):	

Performance Bond Amount (Contract Name):	
Performance Bond Amount (Contract Name):	

Contract Name (Applicant):		Date:	
Contract Name (Applicant):		Date:	
Contract Name (Applicant):		Date:	
Contract Name (Applicant):			

PLEASE PRINT OR TYPE IN CAPITAL LETTERS. THE SPACE IS FOR THE CONTRACT NAME ONLY.

NOTE:

For information only: <http://www.hetex.com> (Contract Name)

Contract Name (Applicant):	Contract Name (Applicant):
Contract Name (Applicant):	Contract Name (Applicant):
Contract Name (Applicant):	Contract Name (Applicant):

Form **13AS**

**Baseline 13<sup>th</sup> August 2021**

**FOR THE 13<sup>th</sup> AUGUST 2021**

**1. VEHICLE INFO**

Registration Number & State  
 Make & Model & Year of Manufacture  
 The photo gallery for all the vehicles  
 must contain the following:

**VEHICLE INFORMATION**

Registration Number	
Make/Model/Year	
Owner	
Driver and License	
Vehicle	
Color	
Accessories	
Engine	
Transmission	
Wheels	
Exhaust/Smoke	
Accessories	
Vehicle/Driver	
Vehicle	









100

100



100

1000

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

\_\_\_\_\_

\_\_\_\_\_

Figure 1. The effect of the number of trials on the number of correct responses.

\_\_\_\_\_



\_\_\_\_\_

© 2006 Blackwell Publishing Ltd, *Journal of Internal Medicine* 260: 459–466

100

\_\_\_\_\_

**Keywords:** child sexual abuse; disclosure; social support; coping strategies

[illegible][illegible]

\_\_\_\_\_

\_\_\_\_\_

Year	2000	2001	2002
2000	100	100	100
2001	100	100	100
2002	100	100	100

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Downloaded from <http://ajphaphysocpharm.sagepub.com> at National Archive Publishing Co on June 11, 2015

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was significantly higher than the number of incorrect responses for all conditions. Error bars represent the standard error of the mean.

Page **18**

**Deadline of Submission: 2021**

**Registration Fee:**

**Dr. Arjun Kumar**

Dr. Arjun Kumar

Dr. Arjun Kumar

Dr. Arjun Kumar, Department of Higher Education, Government of Karnataka, Bangalore

**Registration Fee: Rs. 1000/- (One Thousand Rupees)**

Name of the Candidate: \_\_\_\_\_ (Mobile No): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

- The applicant has to submit the fee in the form of cash.
- Applicants are advised to book their flight to Bangalore as early as possible to avoid any inconvenience.
- In addition, applicants can also approach an official transporter. They can offer service at their own risk. It is not recommended for the authorities during the period of the election.



Form **18**

Deadline: 10<sup>th</sup> September 2020

Public Relations

**1. Name (company/individual)**

Indicate your company's or individual's contact person (name):

NAME: Mr. Juan Ruiz

Mr. Juan Ruiz Marketing Director

For other contacts: e.g. Sales Director

Name of the contact person (name): e.g. Mr. Juan Ruiz Marketing Director

(Name of the contact person in the Argentine)

2. Name (city/country) \_\_\_\_\_

3. Company/Trade \_\_\_\_\_

4. Street/Number \_\_\_\_\_

5. Name of person in charge of Marketing \_\_\_\_\_

6. A. Name of person in charge of HR / if different from above:

NAME: \_\_\_\_\_, STREET: \_\_\_\_\_

B.

Do you have any registered HR Agency? If yes, please provide details:

Name of HR Agency: \_\_\_\_\_

Address of HR Agency: \_\_\_\_\_

7. Do you have HR agency/production services at the stand? If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you have HR agency/production services at the stand? If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE ALL DATA INDICATED THROUGHOUT THE FORM IN YOUR OWN HAND  
(Signature of a staff member from the stand)

Baseline: 01<sup>st</sup> September 2020

### Upgraded Shell Scheme Form IV

Company Name: \_\_\_\_\_

GST No: \_\_\_\_\_, District: \_\_\_\_\_, PIN No: \_\_\_\_\_

Signature of \_\_\_\_\_, Place: \_\_\_\_\_, Date: \_\_\_\_\_

Contract Number: \_\_\_\_\_, Location: \_\_\_\_\_, State: \_\_\_\_\_

Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

#### DECLARATION AND CERTIFICATION

I hereby declare that the above information is true and correct and I am not aware of any other information that may be relevant to the above information.

Signature

I hereby declare that the above information is true and correct and I am not aware of any other information that may be relevant to the above information.

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Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

#### DECLARATION

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Deadline: 30<sup>th</sup> September 2020

Registration Form: 2020

Company Name: \_\_\_\_\_

CEP No: \_\_\_\_\_, Grad: \_\_\_\_\_, PIB No: \_\_\_\_\_

Telephone: \_\_\_\_\_, Fax: \_\_\_\_\_, E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_, Position: \_\_\_\_\_, Title: \_\_\_\_\_

Signature: \_\_\_\_\_, Company Stamp: \_\_\_\_\_

or send it to: [info@hetex.rs](mailto:info@hetex.rs) or [info@hetex.rs](mailto:info@hetex.rs) or [info@hetex.rs](mailto:info@hetex.rs)

Send CEP No. by e-mail: [info@hetex.rs](mailto:info@hetex.rs) or [info@hetex.rs](mailto:info@hetex.rs)

Check please that whether there is no discrepancy in the submitted documents.

Marked with asterisk (\*) means optional.

Mark the place of filling in the following data with asterisk (\*) if you do not want to fill it in.

### CEP No. (PROM)



Sample 1



Sample 2



Sample 3



Sample 4



Sample 5



Sample 6



Sample 7



Sample 8



Sample 9

### Comments:

Indicate carefully where you applied HETEX solution (Specify location and volume of application) in relation to installation of HETEX film (indicate by the number of the film).

- 1. HETEX solution is not applied
- 2. HETEX solution is applied (Specify location)
- 3. HETEX solution is applied (Specify location)
- 4. HETEX solution is applied (Specify location)
- 5. HETEX solution is applied (Specify location)

Specify on the provided template the location of the application.



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 HETEX Group

**Revision 10 September 2020**

To: **SAFETY UNIT**

Traffic Safety Unit  
 Traffic Safety Unit  
 Traffic Safety Unit  
 Traffic Safety Unit

Subject: **SAFETY UNIT** (HETEX 100)

SAFETY UNIT

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Number of the unit: \_\_\_\_\_ Fax: \_\_\_\_\_

- Safety unit with safety equipment (HETEX 100)
- Safety unit with safety equipment (HETEX 100)



Total Number: \_\_\_\_\_  
 Number of Units: \_\_\_\_\_

#### **SAFETY UNIT**

The safety unit is only used in emergency situations. The safety unit is only used in emergency situations.

- Safety unit with safety equipment
- Safety unit with safety equipment
- Safety unit with safety equipment
- Safety unit with safety equipment

- Safety unit with safety equipment  
 - Safety unit with safety equipment

## WIRTSCHAFTS- UND VERKEHRSPARTNER

Landesregierung  
Niederrhein

Landesregierung  
Rheinland  
Pfalz

Landesregierung  
Saarland

Landesregierung  
Schleswig-Holstein

Landesregierung  
Sachsen

Landesregierung  
Sachsen-Anhalt

Landesregierung  
Thüringen

Landesregierung  
Brandenburg

Landesregierung  
Berlin

Landesregierung  
Hamburg

Landesregierung  
Mecklenburg-Vorpommern

Landesregierung  
Hessen

Landesregierung  
Bayern

Landesregierung  
Nordrhein-Westfalen

Landesregierung  
Saarland

Landesregierung  
Schleswig-Holstein

Landesregierung  
Sachsen

Landesregierung  
Sachsen-Anhalt

Landesregierung  
Thüringen

Landesregierung  
Brandenburg

Landesregierung  
Berlin

Landesregierung  
Hamburg

Landesregierung  
Mecklenburg-Vorpommern

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Hessen