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CE Passeport EST VALABLE POUR TOUS PAYS  
THIS PASSPORT IS VALID FOR ALL COUNTRIES

3



P < TUNHAMDI << LAZHAR <<<<<<<<<  
Y461596 << 9TUN6809076M230403405805591 < 0703 < 14

# NAME CARD



No. 559

COMPANY: S C M

POSITION: Reconician

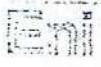
NAME Hamali Lashkar

**ALSTOM**

OUTAGE



Snamprogetti SpA  
Snamprogetti Tunisia SpA



AUGMENTATION DU SYSTEME DE TRANSPORT TRANSUNISIEN  
STATION DE COMPRESSION DE CAP BON - EL HAOUARIA

### Attestation de travail

Avec la présente le M. Sicaretta Cesar, en qualité de représentant juridique de la société SNAPMROGETTI Sp.a, atteste que M. HAMDI LAZHAR, CIN N° 05805591 a prêté service en qualité de Mécanicien dans les travaux d'agrandissement de la Gare de Compression de Cap Bon.

Nous attestons en outre que le M. HAMDI LAZHAR a montré excellentes capacités et bonne préparation pour sa position. Vous recommandez donc le même M HAMDI LAZAR pour futurs emplois.

Cap Bon- El Haouaria, 10/09/2007

Sigaretta Cesare

CONSTRUCTION MANAGER

SNAMPROGETTI  
Construction Manager  
Station de Cap Bon



# BEN RHOUma INDUSTRIES

S.A.R.L au Capital de : 1.000.000 D.T

Siège Sociale : Zône Industrielle - Gabès .B.P : 332

Tél : 75.275.611 - 75.277.421

Fax : 75.271.950 - 75.277.292

E-mail : mes@gnet.tn

télex : 51.875 ARMES

Code T.V.A : 480133 / H / A / M / 000

Partenaire du Programme  
de mise à Niveau

ش.م م رأس مالها : 1.000.000 دينار.

المقر الاجتماعي المنطقة الصناعية قابس ص.ب: 332:

الهاتف : 75.275.611 - 75.277.421

الفاكس : 75.271.950 - 75.277.292

mes@gnet.tn البريد الإلكتروني:

51.875 ARMES تلکس :

رمز القيمة المضافة : 480133/H/A/M/000

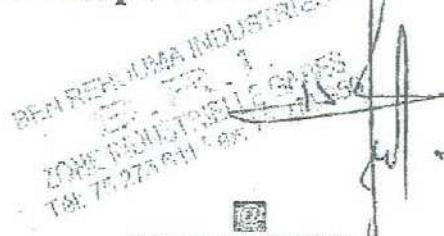
Gabes 14/02/2008

## ATTESTATION DE TRAVAIL

Nous soussignons, société « Ben Rhouma Industrie », certifions que Mr. Hamdi Lazhar titulaire de la carte d'identité N° 05805591 a travaillé au sein de notre société en qualité de Mécanicien .

Cette attestation a été délivrée à l'intéressé sur sa demande pour servir et valoir ce que de droit.

Le Responsable Personnel et Formation



Tel: 00216 75 275 611 - 75 277 241

Fax: 00216 75 271 950 - 75 277 292

00216 75 275 611 - 75 277 241 :

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mes@gnet.tn

51.875 ARMES



ALSTOM o&M  
Central à Cycle Combiné  
BP 16 Ghannouch 6021 Gabes (Tunisia)

Ghannouch, 26<sup>th</sup>, February, 2016

## Certificate of Employment

I'm the undersigned Djamel BENDJEBBOUR Senior o&M Manager of the Combined Cycle Power Plant in Ghannouch and I hereby acknowledge that Mr. Lazhar HAMDI born in Gabes, Tunisia on 07.09.1968, has been working with us as an Mechanical Technician during last the last two years in various shut downs in the Power Plant Of Ghannouch with SCM &S (Société de Construction Métallique & Services) from 01/08/2015 to 31/01/2016.

- Behaviour: Very good with all stakeholders (Alstom, client, sub-contractor...)
- Attendance: assisting all EHS TBT, Induction presentation...
- Competence: Very good technical knowledge and quick learner skill.

Mr. Lazhar HAMDI has a very high dedication to his work and takes a lot of pride in it. His Know-how is a very good asset and made the job for the Alstom supervisor much more comfortable.

Mr. Lazhar HAMDI has a very accommodating personality, is always very professional and honest.

It was a pleasure to have Mr. Lazhar HAMDI on our team and we would be happy to have him back for the future.

Alstom o&M Representative

Djamel BENDJEBBOUR

Djamel BENDJEBBOUR



26/02/2016  
52


**International Association  
of Drilling Contractors**

 10370 Richmond Ave., Suite 760  
 Houston, TX 77042

 P: +1 713 292 1945  
 F: +1 713 292 1946

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2

Name: Zayher Hamdi**Personal Details**

Family Name:	
*Other Name(s):	
Date of Birth:	
Address:	
Place:	
Country:	
Telephone (home):	
Nationality:	
Photograph:	
Usual Signature:	

**Training & Operations  
Passport**

3

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

**Change of Address***(to be completed by bearer)*

Address:	
Place:	
Country:	
Telephone (Home):	
Address:	
Place:	
Country:	
Telephone (Home):	

**Next of Kin**

Address:	
Place:	Country:
Telephone (Day Time):	
Telephone (Night Time):	

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

**Medical Details**

(Voluntary Information)

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Blood Group:

ABO	Rhesus	C	-
		D	
		E	

Tested:

Doctor's Name: \_\_\_\_\_

Doctor's Contact No.: \_\_\_\_\_

**Training Courses**

Course Title: <i>Working at heights</i>	Course Number: _____
Certification Body (if applicable): _____	
Signature/Stamp Training Organization: <i>NAWARA-GTP PROJECT ABB Spa-GABES-Tunisia HSE Training Department</i>	Date: <i>14/02/17</i>
	Expiration: _____

Course Title: <i>Excavations</i>	Course Number: _____
Certification Body (if applicable): _____	
Signature/Stamp Training Organization: <i>NAWARA-GTP PROJECT ABB Spa-GABES-Tunisia HSE Training Department</i>	Date: <i>14/02/17</i>
	Expiration: _____



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

**Training Courses**

Course Title: <i>HSE induction</i>	Course Number: <i>01</i>
Certification Body (if applicable): _____	
Signature/Stamp Training Organization: <i>HSE Manager Feriel Chaouache</i>	Date: <i>14/02/17</i>
	Expiration: _____

Course Title: <i>User of PPE</i>	Course Number: _____
Certification Body (if applicable): _____	
Signature/Stamp Training Organization: <i>NAWARA-GTP PROJECT ABB Spa-GABES-Tunisia HSE Training Department</i>	Date: <i>14/02/17</i>
	Expiration: _____



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

**Training Courses**

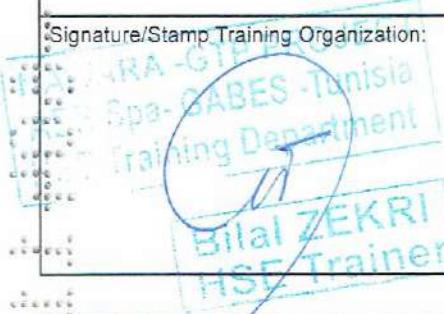
Course Title: <i>Environment Awareness</i>	Course Number: _____
Certification Body (if applicable): _____	
Signature/Stamp Training Organization: <i>NAWARA-GTP PROJECT ABB Spa-GABES-Tunisia HSE Training Department</i>	Date: <i>14/02/17</i>
	Expiration: _____

Course Title: <i>Slips, Trips, Falls</i>	Course Number: _____
Certification Body (if applicable): _____	
Signature/Stamp Training Organization: <i>NAWARA-GTP PROJECT ABB Spa-GABES-Tunisia HSE Training Department</i>	Date: <i>14/02/17</i>
	Expiration: _____



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

**Training Courses**

Course Title: <i>Confined Spaces</i>	Course Number:
Certification Body (if applicable):	
Signature/Stamp Training Organization: 	Date: 14/02/17
Expiration:	
Course Title:	Course Number:
Certification Body (if applicable):	
Signature/Stamp Training Organization:	Date:
Expiration:	



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

**Training Courses**

Course Title:	Course Number:
Certification Body (if applicable):	
Signature/Stamp Training Organization:	Date:
Expiration:	
Course Title:	Course Number:
Certification Body (if applicable):	
Signature/Stamp Training Organization:	Date:
Expiration:	

