| Unique Identifier: EC19SIF-005   |                     | Document Type: Form  |                        | Revision: 1 E            |  | ffective Date: 01 January 2019 |    |  |
|--|---------------------|----------------------|------------------------|--------------------------|--|--------------------------------|----|--|
|  |                     | Deviat               | tion Sched             | dule                     |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
| Product Description:   |                     |                      |                        |                          |  |                                |    |  |
| Eskom SAP Number:  |                     |                      | duct Code (Item Code): |                          |  |                                |    |  |
| Latest Specification   | Applicable (i.e. Es | kom D-DT # & Rev #): | •                      |                          |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
| This deviation schedule is to be completed by all potential suppliers or manufacturers whether or not a deviation exists from Eskom requirements.  All deviations offered which does not conform to the latest specification applicable shall be listed below with reasons for the deviation. Please indicate clearly. |                     |                      |                        |                          |  |                                |    |  |
| Clause Proposed Deviation  |                     |                      |                        | Reason                   |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
|  |                     |                      |                        |                          |  |                                |    |  |
| Product Manufacturer:  |                     |                      | Deviati                | Deviation Exists:        |  | s                              | No |  |
| Supplier to Eskom:   |                     |                      | Supplie                | Supplier Representative: |  |                                |    |  |
| Supplier Representative Signature:   |                     |                      | Date:                  | Date:                    |  |                                |    |  |

**Note:** All fields are mandatory and must be completed accordingly.