



## ANNEX I.A

### IDENTIFICATION FORM OF THE CANDIDATE

(Each service provider, including subcontractor(s) or any member of a consortium or grouping, must complete and sign this identification form)

#### Call for Tender GSA/RP/21/14

Identity	
Name of the legal entity	
Legal status of the legal entity	
Description of the service provider's role within the Candidate (e.g. single contractor, group/consortium member or subcontractor)	
Reference of the NDA relating to this procurement procedure	
Date of registration	
Country of registration	
Registration number	
VAT number	
Description of statutory social security cover (at the level of the Member State of origin) and non-statutory cover (supplementary professional indemnity insurance) <sup>1</sup>	
Address	
Address of registered office of the legal entity	

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<sup>1</sup> For natural persons



Where appropriate, administrative address of Candidate for the purposes of the invitation to Participate.	
<b>Contact Person for management of the procurement process<sup>2</sup></b>	
Surname: First name: Title (e.g. Dr, Mr, Ms) : Position (e.g. manager): Telephone number: Fax number: E-mail address:	
<b>Contact person for communication regarding the NDA</b>	
Surname: First name: Title (e.g. Dr, Mr, Ms) : Position (e.g. manager): Telephone number: Fax number: E-mail address:	
<b>Local Security Officer <i>(proof of appointment to be annexed!)</i></b>	
Surname: First name: Title (e.g. Dr, Mr, Ms) : Position (e.g. manager): Telephone number: Fax number: E-mail address:	
<b>Legal Representatives</b>	
<b>For Signature of the NDA</b>	
<b>Names and function of legal representatives of the legal entity who are authorized to sign contracts with third parties.</b>	
<b>For the Signature of the Contract</b>	

<sup>2</sup> One Person per candidate (single/main contractor or group/consortium) has to be identified for the purposes of the procurement process. This person will be responsible for distributing information within the candidate and any subcontractors.



<b>Names and function of legal representatives of the legal entity who are authorized to sign contracts with third parties.</b>	
<b>Declaration of an authorised representative of the legal entity<sup>3</sup></b> I, the undersigned, certify that the information given in this request to participate is correct and that the request to participate is valid.	
Surname: First name:	Signature:

**NOTE: Proof of appointment of the legal entity's LSO is to be annexed.**

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<sup>3</sup> The person must be included in the list of legal representatives authorised to sign contracts with third parties.