**ANNEX I.3 - TEMPLATE IDENTIFICATION SHEET OF THE TENDERER**

**IDENTIFICATION OF THE TENDERER**

**GSA/OP/08/18/Lot [x]**

**"GSA SAB Accreditation Support"**

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

|  |  |
| --- | --- |
| **Identity** | |
| Name of the legal entity |  |
| Legal status of the legal entity |  |
| Description of role within the Tenderer |  |
| 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)[[1]](#footnote-2) |  |
| **Address** | |
| Address of registered office of legal entity |  |
| Where appropriate, administrative address of legal entity for the purposes of this procurement process |  |
| **Contact Persons** | |
| **For procurement process management[[2]](#footnote-3)** | |
| Surname:  First name:  Title (e.g. Dr, Mr, Ms) :  Position (e.g. manager):  Telephone number:  Fax number:  E-mail address: |  |
| **Contact person for the communications regarding the NDU** | |
| Surname:  First name:  Title (e.g. Dr, Mr, Ms) :  Position (e.g. manager):  Telephone number:  Fax number:  E-mail address: |  |
| **Local Security Officer** | |
| Surname:  First name:  Title (e.g. Dr, Mr, Ms) :  Position (e.g. manager):  Telephone number:  Fax number:  E-mail address: |  |
| **Legal Representatives** | |
| **For the signature of the NDU** | |
| **Names and functions of legal representatives** and of other representatives of the legal entity who are authorised to sign contracts with third parties |  |
| **For the signature of the Contract** | |
| **Names and functions of legal representatives** and of other representatives of the legal entity who are authorised to sign contracts with third parties |  |
| **Declaration by an authorised representative of the organisation[[3]](#footnote-4)**  I, the undersigned, certify that the information given in this identification sheet is correct and that the identification sheet is valid. | |
| Surname:  First name: | Signature: |

**ANNEX I.6 - TEMPLATE POWER OF ATTORNEY**

**GSA/OP/08/18/Lot [x]**

**"GSA SAB Accreditation Support"**

***(designating one of the companies as group coordinator and giving it power of attorney)***

We the undersigned:

– Signatory 1 [*Name, Function, Company, Registered address, VAT number*]

For [*Company name*] taking up the following role within the consortium with its qualification as [*enter company’s qualification for its assigned role*].

– Signatory 2 [*Name, Function, Company, Registered address, VAT number*]

For [*Company name*] taking up the following role within the consortium with its qualification as [*enter company’s qualification for its assigned role*].

– …..

– Signatory N [*Name, Function, Company, Registered address, VAT number*],

For [*Company name*] taking up the following role within the consortium with its qualification as [*enter company’s qualification for its assigned role*].

each of us having the legal capacity required to act on behalf of our company,

**HAVE AGREED AS FOLLOWS:**

1. For that purpose, the group members designate company X as group coordinator.   
   [N.B. The group coordinator/prime must be one of the group members]
2. The group members confer on the group coordinator all the necessary powers to act on their behalf in connection with the procurement process **GSA/OP/08/18/LOT[x] – "GSA SAB Accreditation Support"**.
3. This mandate involves in particular the following tasks:

* The group coordinator shall sign any procurement related documents requiring the candidate’s/tenderer’s signature).
* The group coordinator shall act as single point of contact for the GSA in connection with the procurement process.
* If awarded, the group coordinator shall sign the FWC, specific contracts and addenda thereto, issue any invoices related to the supplies or the services and receive payments from the GSA on behalf of the group members.
* The group coordinator shall act as single point of contact for the GSA in connection with supplies and the related services to be provided under the FWC in case awarded. It shall coordinate the provision of the supplies and the related services by the group members to the GSA, and shall ensure proper performance of the Contract.

1. In case of contract award, as co-signatories of the Contract, all the group members:

* shall be jointly and severally liable vis-à-vis the GSA for the performance of the FWC, including any specific contracts thereunder;
* shall comply with the conditions of the FWC, including any specific contracts thereunder, and ensure the proper execution of their respective share of the supplies and/or the services.

1. Payments by the GSA for the supplies or related services shall be made through the group coordinator’s bank account.   
   [Provide bank details, name, address, account number, etc.]

Any modification to the present agreement/power of attorney must be explicitly approved by the GSA.

This agreement/power of attorney shall expire when all the contractual obligations of the group members towards the GSA in connection with the supplies and the services to be provided under the FWC, including any specific contracts thereunder, have lapsed. The parties may not terminate it before that date without the GSA’s consent.

Signed at ………………………………, on ….. …………

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Function |  | Function |  |
| Company |  | Company |  |
|  |  |  |  |
| Name |  | Name |  |
| Function |  | Function |  |
| Company |  | Company |  |

**ANNEX I.8 - TEMPLATE LETTER OF INTENT**

<*Letterhead of the sub-contractor or other entity on whose resources to rely>*

**GSA/OP/08/18/Lot [x]**

**"GSA SAB Accreditation Support"**

The undersigned: […]

Name of the company/organization: […]

Address: […]

Declares hereby the commitment to collaborate in the execution of the tasks subject to the above procurement process and contract implementation, in accordance with the terms of the tender to which the present form is annexed, if the contract is awarded to[insert candidate’s/tenderer’s name] to make to it available the competence (resources and other capacities) of our company as described under section 1 in the area described under section 2. below;

Further declares hereby accepting the terms and conditions set out in the draft FWC applying to subcontracting by returning this form filled in and signed.

**Sub-contracting is intended as follows:**

1. Brief description of the resources of the subcontractor required for the performance of the contract:

[…]

2. Brief description of the performance which will be rendered by the subcontractor:

[…]

3. Estimated proportionate value (in%) of contribution to the total contract value to be subcontracted to the present company/organization:

\_\_\_\_%

**Full name Date**

**Stamp/Signature**

………….................................

1. For natural persons [↑](#footnote-ref-2)
2. One person per tenderer (legal entity, group or consortium) has to be identified for the purposes of this procurement procedure. This person will be responsible for distributing information within the Tenderer. [↑](#footnote-ref-3)
3. This person must be included in the list of legal representatives; otherwise the signature on the tender will be invalidated. [↑](#footnote-ref-4)