**Solemn Self-Declaration Establishing the Eligibility and Qualifications of the** Participant

Tender Information Form

**Part I: Information concerning the call for offers**

Date: [insert date (as day, month and year] of Offer Submission]

Call for Offers: 55/2024/GWP-Med

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**Part II: Information concerning the participant**

А: INFORMATION ABOUT THE PARTICIPANT

|  |  |
| --- | --- |
| ***Identification:*** | ***Answer:*** |
| Name: |  |
| VAT-number, if applicable:If no VAT-number is applicable, please indicate another national identification number, if required and applicable |  |
| Postal address: |  |
| Contact person or persons Telephone: E-mail:Internet address (web address) (*if applicable*): |  |
| If applicable, is the economic operator registered on an official list of approved economic operators or does it have an equivalent certificate (e.g. under a national (pre)qualification system)? | **[ ]** Yes [ ]No [ ]Not applicable |
|  |  |
| ***Form of participation:*** | ***Answer:*** |
| Is the economic operator participating in the call for offers together with others [[1]](#footnote-1)? | [ ] Yes [ ]No |

|  |  |
| --- | --- |
| Actual or intended country Country/ies of Registration/Operation: | *[insert actual or intended Country of Registration]* |
| Year of Registration:  | [insert Participant’s year of registration] |
| Countries of Operation | [insert Participant’s countries of operation] |
| No. of staff in each Country | [insert Participant’s No OF STAFF IN EACH COUNTRY OF operation] |

B: INFORMATION ABOUT REPRESENTATIVES OF THE ECONOMIC OPERATOR

*Where applicable, please indicate the name(s) and address(es) of the person(s) empowered to represent the economic operator for the purposes of this procurement procedure:*

|  |  |
| --- | --- |
| ***Representation, if any:*** | ***Answer:*** |
| Full name;accompanied by the date and place of birth, if required: | [.............][.............] |
| Position/Acting in the capacity of: | [ ..................**]** |
| Postal address: | [ ..................**]** |
| Telephone: | [ ..................**]** |
| E-mail: | [ ..................**]** |
| If needed, please provide detailed information on the representation (its forms, extent, purpose ...): | [ ..................**]** |

**Part III: Exclusion grounds**

А: GROUNDS RELATING TO CRIMINAL CONVICTIONS

|  |  |
| --- | --- |
| ***Grounds relating to criminal convictions under national provisions regarding*** *(a) Participation in a criminal organization**(b) Corruption**(c) Fraud**(d) Terrorist offences or offences linked to terrorist activities**(e) Money laundering or terrorist financing**(f) child labour and other forms of trafficking in human beings* | ***Answer:***  |
| Has **the economic operator** itself or any **person** who is a member of its administrative, management or supervisory body or has powers of representation, decision or control therein been the subject of **a conviction** by final judgment for one of the reasons listed above, by a conviction rendered at the most five years ago or in which an exclusion period set out directly in the conviction continues to be applicable? | [ ] Yes [ ] No*If the relevant documentation is available electronically, please indicate: (web address, issuing authority or body, precise reference of the documentation):**[ ................ ][ .................. ][ ..................****]*** [[2]](#footnote-2) |
| **If yes**, please indicate [[3]](#footnote-3):(a) Date of conviction, specify which of points 1 to 6 is concerned and the reason(s) for the conviction,(b) Identify who has been convicted [ **]**;(c) **Insofar as established directly in the conviction:** | (a) Date: [ ], point(s): [ ], reason(s): [ ](b) [......**]**(c) Length of the period of exclusion [................... ] and the point(s) concerned [ 1*If the relevant documentation is available electronically, please indicate: (web address, issuing authority or body, precise reference of the documentation):*[ ................ ][ .................. ][ ..................**]** [[4]](#footnote-4) |
| In case of convictions, has the economic operator taken measures to demonstrate its reliability despite the existence of a relevant ground for exclusion [[5]](#footnote-5) ('Self-Cleaning')? | [ ] Yes [ ] No |
| **If yes**, please describe the measures taken[[6]](#footnote-6) : | [ ................ ] |

B: GROUNDS RELATING TO THE PAYMENT OF TAXES OR SOCIAL SECURITY CONTRIBUTIONS

|  |  |
| --- | --- |
| ***Payment of taxes or social security contributions:*** | ***Answer:*** |
| Has the economic operator met all **its obligations** **relating to the payment of taxes and social security contributions**, both in the country in which it is established and in Greece if other than the country of establishment? | [ ] Yes [ ] No |
| **If not,** please indicate:а) Country concerned;b) what is the amount concerned;c) How has this breach of obligations been established:1) through a judicial or administrative **decision**:* Is this decision final and binding?
* Please indicate the date of conviction or decision.
* In case of conviction, **insofar as established directly therein**, the length of the period of exclusion**:**

2) by **other means**? Please specify:d) has the economic operator fulfilled its obligations by paying or entering into a binding arrangement with a view to paying the taxes or social security contributions due, including, where applicable, any interest accrued or fines? | **Taxes** | **Social contributions** |
| (a) [ ................. **]**(b) [ ................. **]**(c1) [ ]Yes [ ] No- [ ] Yes [ ]No- [ ................. **]**- [ ................. **]**(c2) [ ................. **]**(d) [ ] Yes [ ] NoIf yes, please provide details:[ ..................**]** | (a) [ ..................**]**(b) [ ..................**]**(c1) [ ]Yes [ ]No- [ ] Yes [ ] No- [ ................. **]**- [ ................. **]**(c2) [ ................. **]**1. ] Yes [ ]No

If yes, please provide details:[ ..................**]** |

C: OTHER GROUNDS OF EXCLUSION

|  |  |
| --- | --- |
| Is the economic operator removed or suspended from the vendor list of the UN or other such lists of the EU, or associated with, any company or individual appearing on the 1267/1989 list of the UN Security Council or ineligibility list or in the [EU terrorist list - Consilium (europa.eu)](https://www.consilium.europa.eu/en/policies/fight-against-terrorism/terrorist-list/) ?  | ☐ YES or ☐ NO |
| Does the economic operator hold public office or use government officials as consultants or the provision of travel grants to government officials. | ☐ YES or ☐ NO |

**Part IV: Concluding statements**

*The undersigned formally declare that the information stated above is accurate and correct and that it has been set out in full awareness of the consequences of serious misrepresentation.*

*The undersigned formally declare to be able, upon request and without delay, to provide the certificates and other forms of documentary evidence referred to, in the call for offers*

*The undersigned formally consent to MIO-ECSDE gaining access to the end clients of projects indicating technical ability, professional ability and past performance, for reference checking purposes*.

Date, place and , where required or necessary, signature (s): [……]

1. Notably as part of a group, consortium, joint venture or similar. [↑](#footnote-ref-1)
2. Please repeat as many times as needed. [↑](#footnote-ref-2)
3. Please repeat as many times as needed. [↑](#footnote-ref-3)
4. Please repeat as many times as needed. [↑](#footnote-ref-4)
5. In accordance with national provisions implementing Article 57(6) of Directive 2014/24/EU. [↑](#footnote-ref-5)
6. Taking into account the character of the crimes committed (punctual, repeated, systematic ... ), the explantation should show the adequacy of the measures to taken. [↑](#footnote-ref-6)