SERVICE TENDER SUBMISSION FORM
Selection of Supplier for PRE-ACCELERATOR TRAINING services for EIT Health InnoStars E.V.

**1 SUBMITTED by (i.e. the identity of the Tenderer)**

|  |  |  |
| --- | --- | --- |
|  | **Name(s) of legal entity or entities making this tender** | **Nationality** |
| **Tenderer** |  |  |

**2 CONTACT PERSON (for this tender)**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **e-mail** |  |

**3 FINANCIAL IDENTIFICATION INFORMATION**

|  |  |
| --- | --- |
| **Name of bank** |  |
| **Bank account holder** |  |
| **Address of bank** |  |
| **Bank account number** |  |
| **IBAN number** |  |
| **SWIFT code** |  |

**4 STATEMENT**

I, the undersigned, being the authorised signatory of the above tenderer, hereby declare that we have examined and accept without reserve or restriction the entire contents of the tender dossier for the tender procedure referred to above.

**5 FINANCIAL OFFER:**

|  |  |
| --- | --- |
| **Evaluation criteria** | **Offer** |
| 1. Total price of the service (EUR) without VAT
 |  |

Date, …………………… 2020. …………………..

……………………………….

official signature