SUBMISSION FORM 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 TENDERER’S DATA**

|  |  |
| --- | --- |
| **Company Name** |  |
| **Company Address** |  |
| **Registration number** |  |
| **VAT number** |  |
| **EU VAT number** |  |
| **Name of legal representative** |  |
| **Position of legal representative** |  |
| **Contact person name and position** |  |
| **Telephone** |  |
| **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 I have examined and accepted without reserve or restriction the entire content of the tender dossier for the tender procedure referred to above.

**5 OUTLINE OF OFFER:**

|  |  |
| --- | --- |
| **Evaluation criteria** | **Offer** |
| 1. Service fee (without VAT) |  |

Date, …………………… 2021. …………………..

……………………………….

official signature