Appendix number 3 to Request for proposals

Case: ZO-03-2017

**STATEMENT ON FULFILLING THE CONDITIONS OF PARTICIPATION**

**IN THE PROCEEDINGS AND NO GROUNDS FOR EXCLUSION**

**DUE TO THE EXISTENCE OF CONFLICT OF INTEREST**

By submitting an offer in the proceedings for the **supply of chemical reagents and biological materials, disposables as well as small laboratory equipment for research carried out in the project**, I hereby certify that the Vendor:

…............................................................................................................................................................

(NAME, SURNAME/NAME OF THE VENDOR)

located in / resident in \*…........................................................................................................

(ADDRESS / REGISTERED ADDRESS)

…............................................................................................................................................................

(PHONE, FAX, E-MAIL ADDRESS)

**fulfils / does not fulfill\*** the conditions in the area of knowledge and experience, financial situation and the technical potential and personnel required for participation in the proceedings

**is not related** / **is related\*** with the Ordering Party through capital or through personal interrelationship between the beneficiary or persons authorized to enter into commitments on behalf of the beneficiary or persons performing on behalf of the beneficiary's activities related to the preparation and the procedure for selecting the vendor, in particular by:

a) participation in the company, in a civil or limited partnership,

b) holding at least 10 % shares or interests,

c) serving a function of a member of the supervisory body, a member of the management organ or

proxy,

d) having family ties, such as by marriage, by lineage at first or second degree, by adoption,

guardianship or custody,

….....................................................................................

The signature and the personal stamp of the authorized person

\* - please delete the not applicable