Appendix to the procurement bid

dated 14.04.2023 No. EL\_398

PARTICIPANT QUESTIONNAIRE

Procurement participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table 1. Information about the procurement participant.

| № | Name | Information about the procurement participant |
| --- | --- | --- |
|  | Company name (Full and abbreviated names of the organization or full name of the procurement participant - an individual, including those registered as an individual entrepreneur) |  |
|  | Organizational and legal form |  |
|  | Founders (list the names and legal form or full name of all founders) |  |
|  | Certificate of entry into the Unified State Register of Legal Entities / Individual Entrepreneur (date and number, issued by whom) or passport data for a procurement participant - an individual |  |
|  | Activities |  |
|  | Term of activity (taking into account succession) |  |
|  | TIN, KPP, OGRN, OKPO |  |
|  | Legal address (country, address) |  |
|  | Postal address (country, address) |  |
|  | Actual location |  |
|  | Phones (with area code) |  |
|  | E-mail address |  |
|  | Branches: list names and postal addresses |  |
|  | Authorized capital |  |
|  | Cost of fixed assets (according to the balance sheet of the last completed period) |  |
|  | Bank details (name and address of the bank, bank account number of the procurement participant, bank phone numbers, other bank details) |  |
|  | Last name, first name and patronymic of the head of the procurement participant, who has the right to sign in accordance with the constituent documents, indicating the position and contact phone number |  |
|  | The management body of the procurement participant - a legal entity authorized to approve the transaction, the right to conclude which is the subject of this procurement and the procedure for approving the relevant transaction |  |
|  | Last name, first name and patronymic of the authorized person of the procurement participant, indicating the position, contact phone number, e-mail |  |

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***(Signature of the authorized representative) (Name and position of the signatory)***

***L.S. (when available)***

INSTRUCTIONS FOR FILLING IN

1. These instructions should not be reproduced in documents prepared by the procurement participant.

2. The procurement participant shall provide the number and date of the application for participation in the procurement, the annex to which is this questionnaire of the procurement participant.

3. The procurement participant indicates its company name (including legal form).

4. Column 19 of Table 1 indicates the authorized person of the procurement participant for prompt notification of organizational issues and interaction with the procurement organizer.

5. The questionnaire filled out by the procurement participant must contain all the information specified in Table 1. In the absence of any data, the word “no” is indicated.