#

# ANNEX VI

**DECLARATION BY THE AUTHORISED REPRESENTATIVE(S):**

|  |
| --- |
| **NAME OF LEGAL REPRESENTATIVE** |
| *I, the undersigned, certify that the information given in this tender is correct and that the tender is valid.*  |
| First name |  |
| Last name |  |
| Title (e.g. Dr, Mr, Mrs)  |  |
| Position (e.g. Manager, Director) |  |
| Telephone number  |  |
| Fax number  |  |
| e-mail address  |  |
| Website  |  |
| **NAME OF 2nd LEGAL REPRESENTATIVE *(if applicable)*** |
| *I, the undersigned, certify that the information given in this tender is correct and that the tender is valid.*  |
| First name |  |
| Last name |  |
| Title (e.g. Dr, Mr, Mrs)  |  |
| Position (e.g. Manager, Director) |  |
| Telephone number  |  |
| Fax number  |  |
| e-mail address  |  |
| Website  |  |

**SIGNATURE:** ……………....……….........……. **DATE:** ...................................................