

**DOCUMENT No 3**  
**CHECK LIST AND FORMS**

**DOCUMENT ATTACHED TO INVITATION TO TENDER NO. CO 13-2020**

**TITLE: TENDER FOR CONTRACTING A COMPANY FOR A PORTAL FOR THE MEETINGS OF THE INTERNATIONAL OLIVE COUNCIL (“BOARD PORTAL”)**

**CHECK LIST AND FORMS TO BE COMPLETED**

- 3. (A) CHECK LIST FOR TENDER**
- 3. (B) TENDERER IDENTIFICATION FORM**
- 3. (C) LEGAL ENTITY FORM**
- 3. (D) FINANCIAL IDENTIFICATION FORM**
- 3. (E) EXCLUSION CRITERIA FORM**
- 3. (F) CONFLICT OF INTERESTS AND NO MISREPRESENTATION FORM**

***N. B.** In the cases of a consortium to be created or subcontracting, the information requirement for 3(B) Tenderer Identification Form and 3(C) Legal Entity Form **APPLIES** to **ALL** “service providers” named in the tender or who might be proposed to be used during the time period of the expected contract.*

*In the case of subcontracting, the information requirement for 3(D) Financial Identification Form is **ONLY** required to be completed for the “lead contractor”.*

### **3 PART A : CHECK LIST FOR TENDER**

HAVE YOU PROVIDED THE INFORMATION BELOW CONCERNING:

***(N. B. IN THE CASE OF A JOINT TENDER, HAVE ALL "SERVICE PROVIDERS" OR IN THE CASE OF SUBCONTRACTING HAVE YOU ALSO PROVIDED FOR THE PROPOSED SUBCONTRACTORS : THE INFORMATION BELOW CONCERNING POINTS 1.3,1.4 & 1.5?)***

**Name of service provider:**

	<b>Brief reply or reference</b>	<b>Page No in respective dossier</b>
<b>1.</b> Administrative Dossier	Yes/No	
<b>1.1</b> A cover letter signed by a duly authorised agent	Yes/No	
<b>1.2</b> Administrative information (with Parts A, B, C & D of this document)	Yes/No	
<b>1.3</b> Exclusion criteria (with Parts E & F of this document)	Yes/No	
<b>1.4</b> Selection criteria - Economic and financial capacity	Yes/No	
<b>1.5</b> Selection criteria - Technical capacity	Yes/No	
<b>2.</b> Technical Dossier	Yes/No	
<b>3.</b> Financial Offer	Yes/No	
<b>4.</b> Is the tender submitted in an outer and <u>FOUR</u> inner sealed envelopes or boxes, with the invitation to tender notice reference clearly marked on both the inner and outer envelopes or boxes?	Yes/No	

### **3 PART B: Tenderer Identification Form**

Please complete the information below:

	<b><u>REPLY</u></b>
<b>1. Name of the tendering party</b>	
<b>2. Legal status of the tendering party</b>	
<b>3. Tendering party's address</b>	
<b>4. Person(s) authorised to sign contracts on behalf of the tendering party</b>	
(a) SURNAME and first name	
(b) POSITION / ROLE (Director, etc.)	
(c) COPY of an official document issued by the Member State for confirmation, with a specimen signature	
(d) PROOF OF AUTHORISATION to sign contracts on behalf of the tendering party	
<b>5. Contact person for this call for tenders:</b>	
(a) SURNAME and first name	
(b) Position/Role (Director, etc.)	
(c) Direct telephone number	
(d) Direct fax number	
(e) Direct electronic mail address	
(f) Postal address	

### **3 PART C: LEGAL ENTITY FORM**

Please submit one of the attached Identification Forms depending on what type of “service provider” the Tenderer is:

- an individual;
  - or
- a private company;
  - or
- a public entity.

*The successful Tenderer must provide the documentation needed for the details to be entered in the central third-party file before the E.S. may enter into a commitment on behalf of the IOC.*

## LEGAL ENTITIES

This information is to be stored in the Executive Secretariat's accounting records for use in its payment procedures.  
Executive Secretariat staff carrying out such procedures will be able to consult it for this purpose.

### INDIVIDUAL

TITLE	<input type="text"/>	
NAME	<input type="text"/>	
FIRST NAME	<input type="text"/>	
(NAME 2)	<input type="text"/>	
(NAME 3)	<input type="text"/>	
OFFICIAL ADDRESS	<input type="text"/>	
	<input type="text"/>	
POSTAL CODE	<input type="text"/>	P.O. BOX <input type="text"/>
TOWN/ CITY	<input type="text"/>	
COUNTRY	<input type="text"/>	
VAT/TAX	<input type="text"/>	
IDENTITY CARD NUMBER	<input type="text"/>	<input type="text"/>
PASSPORT NUMBER	<input type="text"/>	
DATE OF BIRTH	<input type="text"/> <sup>D</sup> <input type="text"/> <sup>D</sup> <input type="text"/> <sup>M</sup> <input type="text"/> <sup>M</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup>	PLACE OF BIRTH <input type="text"/>
COUNTRY OF BIRTH	<input type="text"/>	
PHONE	<input type="text"/>	FAX <input type="text"/>
E-MAIL	<input type="text"/>	

**THIS "LEGAL ENTITY" FORM SHOULD BE FILLED IN AND RETURNED  
WITH A LEGIBLE PHOTOCOPY OF YOUR ID CARD OR PASSPORT.**

DATE AND SIGNATURE

**LEGAL ENTITIES**

**PRIVATE COMPANIES**

TYPE OF COMPANY	<input type="text"/>																												
NGO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Non-governmental Organisation)																										
NAME(S)	<input type="text"/>																												
	<input type="text"/>																												
	<input type="text"/>																												
	<input type="text"/>																												
ABBREVIATION	<input type="text"/>																												
ADDRESS OF THE HEAD OFFICE	<input type="text"/>																												
	<input type="text"/>																												
	<input type="text"/>																												
POSTAL CODE	<input type="text"/>										P.O. BOX	<input type="text"/>																	
CITY	<input type="text"/>																												
COUNTRY	<input type="text"/>																												
VAT/TAX	<input type="text"/>																												
NR PLACE OF REGISTRATION	<input type="text"/>																												
DATE OF REGISTRATION	<input type="text"/>		<input type="text"/>		<input type="text"/>																								
	D D		M M		Y Y Y Y																								
REGISTRATION NR	<input type="text"/>																												
PHONE	<input type="text"/>														FAX	<input type="text"/>													
E-MAIL	<input type="text"/>																												
CONTACT PERSON	<input type="text"/>																												

**THIS "LEGAL ENTITY" FORM SHOULD BE FILLED IN AND RETURNED TOGETHER WITH:**

- \* A COPY OF ANY OFFICIAL DOCUMENT (E.G. OFFICIAL GAZETTE, REGISTER OF COMPANIES, ETC.) SHOWING THE CONTRACTOR'S NAME AND ADDRESS AND THE REGISTRATION NUMBER GIVEN TO IT BY THE NATIONAL AUTHORITIES;**
- \* A COPY OF THE VAT/TAX REGISTRATION DOCUMENT IF APPLICABLE AND IF THE VAT/TAX NUMBER DOES NOT APPEAR ON THE OFFICIAL DOCUMENT REFERRED TO ABOVE.**

DATE AND SIGNATURE

**LEGAL ENTITIES**

**PUBLIC ENTITIES**

TYPE OF COMPANY	<input type="text"/>																								
NGO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Non-governmental Organisation)																						
NAME(S)	<input type="text"/>																								
	<input type="text"/>																								
	<input type="text"/>																								
	<input type="text"/>																								
ABBREVIATION	<input type="text"/>																								
OFFICIAL ADDRESS	<input type="text"/>																								
	<input type="text"/>																								
	<input type="text"/>																								
POSTAL CODE	<input type="text"/>								P.O. BOX	<input type="text"/>															
CITY	<input type="text"/>																								
COUNTRY	<input type="text"/>																								
VAT/TAX NR	<input type="text"/>																								
PLACE OF REGISTRATION	<input type="text"/>																								
DATE OF REGISTRATION	<input type="text"/>		<input type="text"/>		<input type="text"/>																				
	D D		M M		Y Y Y Y																				
REGISTRATION NR	<input type="text"/>																								
PHONE	<input type="text"/>																		FAX	<input type="text"/>					
E-MAIL	<input type="text"/>																								
CONTACT PERSON	<input type="text"/>																								

***This "Legal entity" form should be filled in and returned together with:  
\* a copy of the resolution, law, decree or decision establishing the entity in question;  
\* or, failing that, any other official document attesting to the establishment of the entity.***

DATE :

NAME AND FUNCTION OF THE AUTHORISED REPRESENTATIVE

SIGNATURE

STAMP

### **3 PART D: FINANCIAL IDENTIFICATION FORM**

*The form and characteristics of documents to be submitted in support of a request for the validation of third-party file registration requires that:*

- 1. The principle that, before payments can be made, a payment beneficiary/account holder's bank account details must first have been entered in the central third-party file.*
- 2. The only authorised supporting documents for requests for third party validation are official documents issued by the beneficiary's bank (bank account identification document (RIB - relevé d'identité bancaire, etc.).*
- 3. These documents can be submitted on paper or in electronic form.*
- 4. The successful Tenderer must provide the documentation needed for the details to be entered in the central third-party file before the Executive Secretariat may enter into a commitment on behalf of the IOC.*

The “**Financial Identification Form**” must be completed for the bank account opened in the country of domicile of the Tenderer and be:

- stamped and signed by the representative of the Tenderer’s Bank, and
- countersigned by the Account Holder, representing [<sup>1</sup>] the Contractor).

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<sup>1</sup> The declared Account Holder must be a person duly authorised to act legally on behalf of the Contractor for financial matters related to the present Contract.

# FINANCIAL IDENTIFICATION FORM

This information is to be stored in the IOC's accounting records for use in its payment procedures.  
IOC staff carrying out such procedures will be able to consult it for this purpose.

<u>ACCOUNT HOLDER</u>	
NAME	<input type="text"/>
ADDRESS	<input type="text"/>
TOWN/CITY	<input type="text"/> POSTCODE <input type="text"/>
COUNTRY	<input type="text"/> VAT NUMBER <input type="text"/>
CONTACT PERSON	<input type="text"/>
TELEPHONE	<input type="text"/> FAX <input type="text"/>
E - MAIL	<input type="text"/>

<u>BANK</u>	
BANK NAME	<input type="text"/>
BRANCH ADDRESS	<input type="text"/>
TOWN/CITY	<input type="text"/> POSTCODE <input type="text"/>
SORT CODE	<input type="text"/> ACCOUNT NUMBER <input type="text"/>
IBAN	<input type="text"/>

REMARKS : \_\_\_\_\_

<u>BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE</u> (Both Obligatory) _____
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<u>DATE + SIGNATURE ACCOUNT HOLDER:</u> (Obligatory) _____
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### **3 PART E: EXCLUSION CRITERIA FORM**

The undersigned:

[Name of the “service provider” or subcontractor]

Legal address: [insert address]

Registration number: [insert number]

VAT/Tax number: [insert number]

Name of the signatory of this form (representative legally authorised to represent the “service provider” or subcontractor vis-à-vis third parties):

declares on his honour that the organisation that he represents:

(a) is not bankrupt or being wound up, is not having its affairs administered by the courts, has not entered into an arrangement with creditors, has not suspended business activities, is not the subject of proceedings concerning those matters, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

(b) has not been convicted of an offence concerning professional conduct by a judgement which has the force of *res judicata*;

(c) has not been guilty of grave professional misconduct proven by any means which the contracting authorities can justify;

(d) has fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which it is established, or with those of the country of the contracting authority or those of the country where the contract is to be carried out;

(e) has not been the subject of a judgement which has the force of *res judicata* for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the IOC's financial interests;

(f) is not a subject of the administrative penalty for being guilty of misrepresentation in supplying the information required by the contracting authority as a condition of participation in the procurement procedure or failing to supply an information, or being declared to be in serious breach of his obligation under contract covered by the Budget;

(g) in the case of award of contract, he shall provide the evidence that they are not in any of the situations described in points (a), (b), (d), (e) above.

For situations described in (a), (b) and (e), production of a recent extract from the judicial record is required or, failing that, a recent equivalent document issued by a judicial or administrative authority in the country of origin or provenance showing that those requirements are satisfied. Where the Tenderer is a legal person and the national legislation of the country in which the Tenderer is established does not allow the provision of such documents for legal persons, the documents should be provided for natural persons, such as the company directors or any person with powers of representation, decision making or control in relation to the Tenderer.

For the situation described in point (d) above, recent certificates or letters issued by the competent authorities of the State concerned are required. These documents must provide evidence covering all taxes and social security contributions for which the Tenderer is liable, including for example, VAT, income tax (natural persons only), company tax (legal persons only) and social security contributions.

For any of the situations (a), (b), (d) or (e), where any document described in the two paragraphs above is not issued in the country concerned, it may be replaced by a sworn or, failing that, a solemn statement made by the interested party before a judicial or administrative authority, a notary or a qualified professional body in his country of origin or provenance.

By signing this form, the undersigned acknowledges that they have been acquainted with the administrative and financial penalties which may be applied if any of the declarations or information provided prove to be false.

Signature [full name]:

Date : [date]

### **3 PART F: CONFLICT OF INTERESTS AND NO MISREPRESENTATION FORM**

The undersigned:

[Name of the "service provider" or subcontractor]

Legal address: [insert address]

Registration number: [insert number]

VAT/Tax number: [insert number]

Name of the signatory of this form (representative legally authorised to represent the Tenderer vis-à-vis third parties):

declares on his honour that the organisation that he represents:

does not have any conflict of interest in connection with the contract; a conflict of interest could arise in particular as a result of economic interests, political or national affinities, family or emotional ties, or any other relevant connection or shared interest;

will inform the contracting department, without delay, of any situation constituting a conflict of interest or which could give rise to a conflict of interest;

has not made and will not make any offer of any type whatsoever from which an advantage can be derived under the contract;

has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept, any advantage, financial or in kind, to or from any party whatsoever, constituting an illegal practice or involving corruption, either directly or indirectly, as an incentive or reward relating to the award of the contract;

has provided information to the IOC, within the context of this invitation to tender, which is accurate, sincere and complete.

By signing this form, the undersigned acknowledges that they have been acquainted with the administrative and financial penalties which may be applied if any of the declarations or information provided prove to be false.

Signature [full name]:

Date : [date]