
LIST OF FORMS

ANNEXED DOCUMENT TO TENDER N° CO/2025-17

TITLE: Procurement of the services of a company to assess the proficiency of olive oil physico-chemical and sensory analysis testing laboratories, the organisation of ring tests, training, sample management and technical assistance

LIST OF FORMS TO BE COMPLETED

(A) BIDDER IDENTIFICATION FORM

(B) LEGAL ENTITY FORM

(C) FINANCIAL IDENTIFICATION FORM

(D) EXCLUSION CRITERIA FORM

(E) CONFLICT OF INTEREST AND ACCURACY DECLARATION FORM

***N.B.:** In cases where a consortium is formed or subcontracting is involved, the information required in the Bidder Identification Form (A) and the Legal Entity Form (B) **MUST** be provided for **ALL** "service providers" mentioned in the offer or that may be engaged during the expected contract period.*

*In the case of subcontracting, the information in the Financial Identification Form (C) **ONLY** needs to be completed by the main contractor.*

PART A: Bidder Identification Form

Please complete the following information:

	ANSWER
1. Name / Legal Name of the Bidder	
2. Legal Status of the Bidder	
3. Registered Address of the Bidder	
4. Person(s) with Signing Authority for Contracts on Behalf of the Bidder	
(a) Surname and First Name	
(b) Position/Role (Director, etc.)	
(c) Copy of Identity Document or Passport showing the signature	
(d) Power of Attorney Document authorising contract signing on behalf of the bidder	
5. Contact Person for this Tender Procedure:	
(a) Surname and First Name	
(b) Position/Role (Director, etc.)	
(c) Direct Phone Number	
(d) Direct Email Address	
(e) Postal Address	

PART B: LEGAL ENTITY FORM

Please submit one of the attached Identification Forms according to the type of "service provider" that applies to the bidder:

- An individual (natural person)
- A private legal entity
- A public entity

The awarded contractor must provide the necessary documentation for the inclusion of their details in the Central Third-Party File before the Executive Secretariat can enter into commitments 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"/>																																								
N I DENTITY CARD NUMBER	O		<input type="text"/>																																						
PASSPORT NUMBER	O		<input type="text"/>																																						
DATE OF BIRTH	D D		M M		Y Y Y Y				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

PUBLIC ENTITIES

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

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

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.

ACCOUNT HOLDER

NAME																															
ADDRESS																															
TOWN/CITY																POSTCODE															
COUNTRY											VAT NUMBER																				
CONTACT PERSON																															
TELEPHONE																FAX															
E - MAIL																															

BANK

BANK NAME																														
BRANCH ADDRESS																														
TOWN/CITY																POSTCODE														
SORT CODE																			ACCOUNT NUMBER											
IBAN																														

REMARKS : _____

BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE

(Both Obligatory)

DATE + SIGNATURE ACCOUNT HOLDER:

(Obligatory)

PART D: EXCLUSION CRITERIA FORM

The undersigned:

[Name of the “service provider” or subcontractor]

Registered Address: [Insert address]

Commercial Register Identification Number or applicable registration: [Insert number]

Tax Identification Number: [Insert number]

Name of the signatory of this form (legally authorised representative of the service provider or subcontractor in dealings with third parties):

Hereby declares, on their honour, that the organisation they represent:

- (a) is not in bankruptcy, insolvency, or liquidation, is not under judicial or insolvency administration, has not reached an arrangement with creditors, has not suspended business activities, is not subject to proceedings related to any of these matters, and is not in any analogous situation arising from similar procedures under national legislation or regulations;
- (b) has not been convicted of any offence related to professional conduct by a final court ruling (res judicata);
- (c) has not been found guilty of serious professional misconduct by any means that may be justified by the contracting authorities;
- (d) has fulfilled its obligations regarding the payment of social security contributions and taxes in accordance with the legal provisions of the country where it is established, the contracting authority's country, or the country where the contract is executed;
- (e) has not been subject to a final court ruling (res judicata) for fraud, corruption, involvement in a criminal organisation, or any other illegal activity detrimental to the interests of the International Olive Council;
- (f) has not been administratively sanctioned for misrepresenting information required by a contracting authority to participate in the award procedure, for failing to provide certain information, or for seriously breaching contractual obligations;
- (g) if awarded the contract and upon request of the International Olive Council, will provide evidence of compliance with the conditions stated in points (a), (b), (d), and (e) above.

For situations described in (a), (b), and (e), **a criminal record certificate or judicial background check must be provided, or, if unavailable, an equivalent recent document issued by a judicial or administrative authority in the country of origin or residence demonstrating compliance with these requirements.** If the bidder is a legal entity, and the national legislation does not permit the issuance of such documents for legal entities, the documents required for natural persons must be submitted for company executives or any individual with powers of representation, decision-making, or control over the bidder.

For the situation described in (d), **recent certificates or letters issued by the competent national authorities must be submitted, proving that the bidder is up to date with all due taxes and social security contributions,** including but not limited to VAT, income tax (for natural persons), corporate tax (for legal entities), and social security contributions.

If, in any of the cases (a), (b), (d), or (e), the required documents are not issued in the relevant country, they may be replaced by a sworn statement or, if unavailable, a solemn declaration made by the concerned party before a judicial or administrative authority, a notary, or a qualified professional organisation in their country of origin or residence.

By signing this form, the undersigned acknowledges being aware of the administrative and financial consequences applicable if any declarations or information provided are found to be false.

Signature [Full Name]:

Date: [Date]

PART E: CONFLICT OF INTEREST AND ACCURACY OF DECLARATIONS FORM

The undersigned:

[Name of the service provider or subcontractor]

Registered Address: [Insert address]

Registration Number: [Insert number]

Tax Identification Number: [Insert number]

Name of the signatory of this form (legally authorised representative of the bidder in dealings with third parties):

Hereby declares, on their honour, that the organisation they represent:

Has no conflict of interest in relation to the contract subject to this tender. A conflict of interest may arise, in particular, from economic interests, political or national affiliations, family or emotional ties, or any other relevant relationship or shared interest.

Will inform the International Olive Council without delay of any situation that constitutes or could give rise to a conflict of interest.

Has not made and will not make any offer of any kind from which an advantage could be derived in the context of this contract.

Has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain – nor has accepted nor will accept – any financial or other benefit for or from any party that would constitute an illegal practice or involve corruption, whether direct or indirect, as an incentive or reward related to the awarding of this contract.

Has provided accurate, truthful, and complete information to the International Olive Council in the context of this invitation to tender.

By signing this form, the undersigned acknowledges being aware of the legal consequences in the event that any of the declarations or information provided are found to be false or inaccurate.

Signature [Full Name]:

Date: [Date]