

**EMSA/NEG/06/2015**

**Provision of medical insurance for EMSA trainees**

## **Statement of Subcontracting/Joint Offer**

*This document only has to be completed if your tender involves subcontracting or/and a joint offer.*

### **1. SUBCONTRACTING**

**1.1 Does your bid involve subcontracting? Yes/No**

**1.2 List of subcontractors**

- Subcontractor n°1:

- Subcontractor n°2:

Etc...

**1.3 Data and proportional activity of subcontractor(s)**

*This part has to be completed once for each subcontractor!*

**1.3.1 Subcontractor n°1**

Name of the subcontractor

Official legal form

Country of registration

Statutory registration number

(Internet address, if applicable)

Official address in full

Contact person

Telephone / e-mail

The volume/proportion of the subcontracting:

Specify which selection criteria - **financial and economic** or **technical and professional** capacity - and be aware that the tenderer must provide the documents which make it possible to assess the selection criteria to the extent that the subcontractor puts its resources at the disposal of the tenderer.

**1.3.2 Subcontractor n°2**

**Etc...**

## **2. JOINT OFFER**

**2.1 Does your bid involve more than one tenderer? Yes/No**

**2.2 Please fill in the name of the company having power of attorney for the group of tenderers and acting as a co-ordinator:**

**2.3 Please fill in the names of the other companies taking a part in the joint offer**

▪ Joint offer member n°1:

▪ Joint offer member n°2:

Etc...

### **2.4 Joint Offer Members**

***This part has to be completed once for each joint offer member!***

#### **2.4.1 Joint offer member n°1**

Name

Official legal form

Country of registration

Statutory registration number

(Internet address, if applicable)

Official address in full

Contact person

Telephone / e-mail

**2.5 If a consortium or similar entity exists please fill in the name and the legal status of the entity:**