Annex No. 7

**SUPPLIER'S AFFIDAVIT**

on compliance with the technical qualification criterion

**For public procurement:**

**Acquisition of a service to support open science and research for the STARS EU university alliance**

Supplier:

|  |  |
| --- | --- |
| Business name or supplier name: | [to be filled in by the supplier] |
| Registered office or place of business: | [to be filled in by the supplier] |
| ID: | [to be filled in by the supplier] |
| Tax Reg. No.: | [to be filled in by the supplier] |

Honestly declares and fulfils the technical criterion by providing a list of significant services (min. 3) similar and comparable to the subject matter of the performance of the above-mentioned public contract in the last 5 years with a financial volume of at least EUR 5000 excluding VAT/year for a network of partner institutions:

|  |
| --- |
| **CLIENT: (business name or name of the client)** |
| Contact person:  |  | Contact phone: |  |
| Contact e-mail: |  |
| Service name / service description / service scope / service designation: |  |
| Total financial volume of the service (excluding VAT / year): |  |
| Number of institutions for which the service is intended: |  |
| Term of service provision from – to (duration): |  |

|  |
| --- |
| **CLIENT: (business name or name of the client)** |
| Contact person:  |  | Contact phone: |  |
| Contact e-mail: |  |
| Service name / service description / service scope / service designation: |  |
| Total financial volume of the service (excluding VAT / year): |  |
| Number of institutions for which the service is intended: |  |
| Term of service provision from – to (duration): |  |

|  |
| --- |
| **CLIENT: (business name or name of the client)** |
| Contact person:  |  | Contact phone: |  |
| Contact e-mail: |  |
| Service name / service description / service scope / service designation: |  |
| Total financial volume of the service (excluding VAT / year): |  |
| Number of institutions for which the service is intended: |  |
| Term of service provision from – to (duration): |  |

*Note: Copy as many times as necessary*

As a participant in the tender procedure, I declare that the above information is true and comprehensive.

In...........................................on …………………………. …………………………………………………………. 