EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Annex V

Tenderer Information Form

Where a joint tender including sub-contracting is proposed, please present the responses to 1.1, 1.2, 1.3 and 1.4 for each member individually.

Section 1: General information	
1.1 Name of tenderer:	
1.2 Registered Business Address:	
Legal status:	
Company registration number:	
VAT registration number:	
Website address:	
1.3 If the tenderer trades under a name, which is different from that given at 1.1. Above, please state the trading name:	
1.4 If the tenderer has traded under any name other than those stated at 1.1. and 1.3. above in the past three years, please give details of previous trading names:	
1.5 Contact details **Please give details of the person within the tender's organisation to whom any queries relating to the answers to the tender should be addressed:**	
Contact Name:	
Contact Title:	

Section 1: General information

Telephone Number:	
Address for correspondence (if different to that given in 1.2):	
E-mail Address:	
1.6 Please give the name(s) and title(s) of the person(s) authorised to sign contracts on behalf of the applicant.	

Section 2: Organisational information

Where a joint tender is proposed, please present this information for each member individually.

2.1 Is the organisation a subsidiary of another organisation or member of a group of companies?

Yes ☐ No ☐

Please explain below the relationship between the tenderer and its ultimate holding company:

Name of holding company	
Registered office address	
Company registration number	

2.3 Please state whether the ultimate parent company would be prepared to guarantee the tenderer's liabilities in connection with this contract:

Yes ☐ No ☐

2.4 If the tenderer intends to tender jointly with a partner and has already set up, or intends to set up, a consortium or similar entity to that end, please provide details here together with any other relevant information, including structure and details of the consortium lead.

Section 4: Insurance

Note:

Where a joint tender is proposed, please present the information for each member individually.

4.1 Please provide details of the tenderer's insurance policies in respect of its business and those with particular relevance to this tender. In particular state if the tenderer holds professional risk indemnity insurance.

Policy type	
Name of insurers	
Policy number	
Expiry date	
Brief details of the level and risks included	
Policy type	
Name of insurer	
Policy number	
Expiry date	
Brief details of the level and risks included	