**Tenderer information**

|  |  |
| --- | --- |
| Tenderer | o Single tenderer **(*Please complete part 1*)**o Consortium ***(Please complete part 2)*** |
| Subcontractor | If sub-contractors are mandated by the single tenderer or consortium, ***part 3*** should also be completed.  |

**Part 1: Single tenderer**

|  |  |
| --- | --- |
| Name of tenderer |  |
| Address |  |
| Post code / Place: |  |
| Contact person |  |
| Email address of contact person |  |
| Phone |  |
| Legal form |  |
| Founding year |  |
| **For companies:**UID or commercial register number/DUNS number for foreign tenderers |  |
| **For independent (self-employed):**Social Insurance Number (AHV) AND Address of the social security authorities where you are registered as independent*.* |  |
| **For dependent persons (no company, not self-employed):** Social insurance number (AHV)/for foreign tenderers: Birth date |  |
| Headquarters and tax domicile (CH: as per the commercial register; abroad: comparable official document) |  |
| Affiliation to a parent group (group of companies, holding company, etc.)  |  |

**Subcontractor**

|  |  |
| --- | --- |
| Subcontractor | o Yes **(*Please complete part 3*)**o No |

With the signature the single tenderer confirms that as sole provider it bears full liability towards the contract-awarding authority. Any subcontractors are liable towards the single tenderer. The single tenderer is the sole contracting partner of the FDFA.

|  |  |
| --- | --- |
| Place and date |  |
| Signature of single tenderer |  |

**Part 2: Consortium**

|  |  |
| --- | --- |
| Obligations of the consortium | If the FDFA concludes the contract with several contractors (consortium), the contract must be signed by all the contractors involved. Before the signing of the contract the consortium indicates in writing one individual to represent the consortium in its dealings with the FDFA. The representative is expressly authorised to act on behalf and on account of the members of the consortium. The members of the consortium are jointly and severally liable. |
| Name of the consortium |  |
| Representative of the consortium |  |
| Members of the consortium |  |
| UID or commercial register number/DUNS number for foreign tenderers |  |

**Representative of the consortium**

|  |  |
| --- | --- |
| Name of the representative of the consortium  |  |
| Address |  |
| Post code/place: |  |
| Contact person |  |
| Email address of contact person |  |
| Phone |  |
| Legal form |  |
| Founding year |  |
| Headquarters and tax domicile (CH: as per the commercial register; abroad: comparable official document) |  |
| Affiliation to a parent group (group of companies, holding company, etc.)  |  |

**Members of the consortium**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member number | #1 | #  | #  | #  |
| Name of the consortium member |  |  |  |  |
| Role of the consortium member |  |  |  |  |
| Tasks (content & amount) |  |  |  |  |
| Address |  |  |  |  |
| Post code/place: |  |  |  |  |
| Contact person |  |  |  |  |
| Email address of contact person |  |  |  |  |
| Phone |  |  |  |  |
| Legal form |  |  |  |  |
| Founding year |  |  |  |  |
| Headquarters and tax domicile (CH: as per the commercial register; abroad: comparable official document) |  |  |  |  |
| Affiliation to a parent group (group of companies, holding company, etc.)  |  |  |  |  |

**Subcontractor**

|  |  |
| --- | --- |
| Subcontractor | o Yes **(*Please complete part 3*)**o No |

With the signature all members of the consortium confirm that they empower the representative of the consortium to represent them in its dealings with the FDFA. The representative is expressly authorised to act on behalf and on account of the members of the consortium. Furthermore, they agree that the contract with the FDFA must be signed by all members and that all members of the consortium are jointly and severally liable. The members note that in the event of the withdrawal of one of the members the whole contract is re-awarded by the FDFA. Any subcontractors are liable towards the consortium.

|  |  |
| --- | --- |
| Place and date |  |
| Signature of the representative of the consortium |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place and date |  |  |  |  |
| Name of the consortium member |  |  |  |  |
| Signature of the members of the consortium  |  |  |  |  |

**Part 3: Subcontractor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subcontractor number |  |  |  |  |
| Name of the subcontractor |  |  |  |  |
| Address |  |  |  |  |
| Post code/place: |  |  |  |  |
| Contact person |  |  |  |  |
| Email address of contact person |  |  |  |  |
| Phone |  |  |  |  |
| Tasks (content & amount) |  |  |  |  |

If a subcontractor provides essential services as part of the present mandate, the single tenderer or the consortium must provide proof from the subcontractor of relevant experience in the field of activity the subcontractor undertakes for this mandate. Furthermore, the single tenderer or the consortium notes that the FDFA must be in agreement beforehand with any change in a subcontractor which provides essential services.

**In the case of a single tenderer:**

|  |  |
| --- | --- |
| Place and date |  |
| Signature of single tenderer |  |

**In the case of a consortium:**

|  |  |
| --- | --- |
| Place and date |  |
| Signature of the representative of the consortium |  |
|  |
| Place and date |  |  |  |  |
| Name of the consortium member |  |  |  |  |
| Signature of the members of the consortium  |  |  |  |  |