3. Other Required Information and Documents

3.1. Cover Certification Form

Candidates are requested to complete, date and duly sign by an authorised representative the below Cover Certification Form.

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Annex 2 – 3.1 – PQ Ref. No.: BSPM/08/CS/AG/2020

Title: Provision of consultancy services

COVER CERTIFICATION FORM

The undersigned, acting in his/her own name/acting as [a] duly appointed representative(s)* on behalf of [NAME OF THE CANDIDATE],

certify that this Application is made without prior understanding, agreement, or connection with any other person(s) or company(ies) submitting an Application in this procurement process and is in all aspects fair and without collusion or fraud. I certify that I am authorised to sign this Application on behalf of the Candidate.

I further certify that:

- The submission of this Application is deemed as acceptance of all the terms and conditions of this POD.
- The content of this Cover Certification Form, the Declaration on Exclusion Criteria, Economic, Financial and Operational Capacity and the Absence of Conflict of Interest, the Non-Collusion Declaration and the Application are true, accurate and complete.
- When providing an attestation/confirmation in my responses and justifications to the Selection criteria such responses and justifications are true, accurate and complete.

Required Information	Response of Candidate
Exact legal name:	
Legal type (e.g. private limited liability company):	
City, Country:	
Nationality or Head Office Location:	
Registered office address:	
Telephone:	
Website:	
E-mail address:	
Name of the authorised contact person for matters	
pertaining to this PQ	
E-mail:	
Name and title of representative(s) signing the	
Application on behalf of the Candidate:	
By: Signature (Signed)	
Name and Title (Typed)	
Place and Date	

*Delete as appropriate

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