


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.

| | |
|--|---|
|  <p style="font-size: small; margin-top: 0;">European Stability Mechanism</p> | Annex 2 – 3.1 – PQ Ref. No.: HR/01/ERS/AA/21 |
|--|---|

COVER CERTIFICATION FORM

In applying to the following lot, (please tick the appropriate box):

- **Lot 1 Provision of Executive Research Services**
- **Lot 2 Assessment Centre Services**
- **Lot 3: Psychometric assessments and aptitude assessments**
- **Lot 4: Skill Assessment Tools**
- **Lot 5: 360-Feedback Assessment**
- **Lot 6: Outplacement Services**
- **Lot 7 Recruitment Agencies Services**

Submitted in Response to PQ Ref. No.: HR/01/ERS/AA/21

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 PQD.
- 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