Annex XI  
Checklist of Documents

# ANNEX XI – Checklist of Documents

#### Envelope A: Administrative Documentation

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| 1 | 3 copies of a cover letter enclosing the Tender on the official letterheaded paper of the Tenderer and signed by an authorised representative of the Tender. The cover letter should contain:  - The name and the designation of the person who is authorised to sign the contract on behalf of the tenderer;  - The written statement on tenderer’s acceptance of the EBA’s model contract without reservations;  - The confirmation that the period of validity of the tender is as required in Section C.1.a. |  |
| 2 | 3 copies of an original Declaration of Honour on Exclusion Criteria (see Annex II) as specified in Section B.8.a. |  |
| 3 | 3 copies of a Legal Entity Form, duly filled in and signed, together with the required supporting documents (Annex VIII) |  |
| 4 | 3 copies of a Financial Identification Form duly filled in and signed, together with the required supporting documents (Annex IX) |  |
| 5 | 3 copies of a Financial Capacity Form, duly filled in and signed, together with the required supporting documents (Annex X) |  |
| 6 | 3 copies of evidence of relevant insurance policies as outlined in Section B.8.b (i) |  |
| 7 | 3 copies of a checklist of documents which tenderers must submit (Annex XI) |  |

#### Envelope B: Technical Proposal

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| 1 | 3 copies of the technical specifications duly filled in and signed by the tenderer’s authorised representative (Annex III) |  |
| 2 | 3 copies of a technical proposal duly signed by the tenderer’s authorised representative on the final page and initialled on each page (Annex VI) |  |

#### Envelope C: Financial Proposal

|  |  |  |
| --- | --- | --- |
| 1 | 3 copies of a financial proposal (Costing Sheet) duly filled in and signed by the tenderer’s authorised representative (Annex IV) |  |
| 2 | 3 copies of a price simulation scenario duly filled in and signed by the tenderer’s authorised representative (Annex V). |  |

Signature of authorised representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorised representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_