

....., date2018

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Contractor's stamp

**CONTRACTOR'S STATEMENT ON
THE STATUTORY GROUNDS FOR EXCLUSION FROM THE CONTRACT AWARD PROCEDURE**

Pursuant to Article 25a(1) of the Public Procurement Act,

In connection with our tender in the procedure for the award of a public contract for **for the delivery and installation of a brand new olfactometer** to Instytut Badań i Rozwoju Motoryzacji BOSMAL Sp. z o.o., Tender Procedure No. BOS/38/NZ/18,

on behalf of
(Contractor's full name)

WE HEREBY STATE THAT

- we are not excluded from the procedure for the award of the contract under Article 24(1)(12)-(22) AND Article 24(5)(1), (5)-(6) and (8) of the Public Procurement Act.*.

.....
date, full name and signature of
the Contractor's authorised representative

- the statutory grounds for excluding me from the contract award procedure under Articleof the Public Procurement Act*are fulfilled.
I further state that in connection with that fact and pursuant to Article 24(8) of the Public Procurement Act, I have taken the following corrective actions:

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.....

.....
date, full name and signature of
the Contractor's authorised representative

*Cross off in not applicable

- in respect of the following subcontractor / subcontractors*

.....

.....

(provide the subcontractor's full legal name and address and, where applicable, its NIP (Tax Registration No.) / PESEL (national identification number) and KRS (company number) / CEiDG number,

the statutory grounds for exclusion from the contract award procedure are not fulfilled.

.....

date, full name and signature of
the Contractor's authorised representative

- in respect of the following entity / entities* whose resources I have stated to rely for the purposes of this contract award procedure,

i.e.:

.....

(provide the subcontractor's full legal name and address and, where applicable, its NIP (Tax Registration No.) / PESEL (national identification number) and KRS (company number) / CEiDG number,

the statutory grounds for exclusion from the contract award procedure are not fulfilled.

.....

date, full name and signature of
the Contractor's authorised representative

*Cross off in not applicable