**AFFIDAVID**

**LIST OF SUB-CONTRACTORS**

*Applicant shall select either option 1 or 2*

***Option 1:***

Fulfillment of the Public Contract shall be performed by the sub-contractors listed bellow:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of entity, Registered office, Tax ID | Definition of particular task, the Contractor shall perform via a sub-contractor | % share on fulfillment | Statement, whether the contractor will use this sub-contractor as a proof of compliance with qualification |
|  |  |  |  |
|  |  |  |  |

***Option 2:***

Fulfillment of the Public contract shall not be performed by the sub-contractors.

In ……………………… Date …………

*……………………….…………*

Signature

title, name, surname, role