**Annex no. 1**

**Bid Cover Note**

**Public Contract Name:** **Vertical Doppler Cloud Profiler**

**Contracting Authority:** Institute of Atmospheric Physics CAS

**Registered office:** Boční II 1401, 141 31 Praha 4 Spořilov

**Company identification No.:** 68378289

**Tax identification No.:** CZ68378289

**Person authorised**

**to act on behalf of the Contracting Authority:** doc. RNDr. Zbyněk Sokol CSc., Director

**Participant:** [to be filled in by Participant]

**Registered office:** [to be filled in by Participant]

**Id. No.:** [to be filled in by Participant]

**Tax Id. No.:** [to be filled in by Participant]

**Small / Medium-sized enterprises (in accordance with the Recommendation 2003/361/ES):**

[YES/NO - to be filled in by Participant]

**Bank:** [to be filled in by Participant]

**Person authorized**

**to represent the participant:** [to be filled in by Participant]

**Contact person:** [to be filled in by Participant]

**Contact address:** [to be filled in by Participant]

**Tel:** [to be filled in by Participant] **E-mail of the Contact Person:** [to be filled in by Participant]

In [to be filled in by Participant] On [to be filled in by Participant]

[Signature - to be filled in by Participant]

…………………………………………………………….

[Business name – statutory representative / attorney for the Participant – to be filled in by Participant]

**Annex no. 2**

**Affidavit on Technical Qualification Criteria**

**List of Important Supplies**

pursuant to Sec 79(2)(b) of the Act No. 134/2016 Coll., on Public Contracts Awarding, as amended (hereinafter the “Act”)

|  |  |
| --- | --- |
| **Public Contract Name:** | **Vertical Doppler Cloud Profiler** |
| **Contracting Authority:** | Institute of Atmospheric Physics CAS |

(hereinafter the “Public Contract”)

|  |  |
| --- | --- |
| **Participant Business Name incl. Legal Form:** | [to be filled in by Participant] |
| **Registered Office:** | [to be filled in by Participant] |
| **Company Identification No.:** | [to be filled in by Participant] |
| **Authorized Representative:** | [to be filled in by Participant] |

(hereinafter the “Participant”)

I as a person authorized to act on behalf of the Participant hereby solemnly declare that that the Participant fulfils the **technical qualification criteria** stipulated by the Contracting Authority within the Public Contract pursuant to Sec 79(2)(b) of the Act, since we have realized the below mentioned supplies within the last three years.

**List of the Important Supplies:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Client and its Registered Seat** | **Name of Provider** *(respectively its relationship to Participant)* | **Term of Realization** *(month and year)* | **Financial Extent** | **Description of Supplies Provided\*** | **Contact Person of the Client and Contact Data** *(Email/Phone)* |
| [to be filled in by Participant] | [to be filled in by Participant] | [to be filled in by Participant] | [to be filled in by Participant] | [to be filled in by Participant] | [to be filled in by Participant] |

*Add lines if needed*

In [to be filled in by Participant] On [to be filled in by Participant]

[Signature - to be filled in by Participant]

…………………………………………………………….

[Business name – statutory representative / attorney for the Participant – to be filled in by Participant]