**Annex No. 2**

**Affidavit on Technical Qualification Criteria and Basic Qualification Criteria and Professional Criteria and List of Important Supplies**

pursuant to Section 79(2)(b) and following of the Act No. 134/2016 Coll., Public Procurement Act, as amended (hereinafter the “Act”)

|  |  |
| --- | --- |
| **Public Contract Name:** | **Supply of instrument for automated long-term field measurement of ice-nucleating particles** |
| **Contracting Authority:** | Institute of Atmospheric Physics of the Czech Academy of Sciences |

(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 Section 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 Office** | **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*

I as a person authorized to act on behalf of the Participant hereby solemnly declare that that the Participant fulfils the **basic qualification criteria** and **professional qualification criteria** stipulated by the Contracting Authority within the Public Contract pursuant to Section 74 and Section 77 of the Act, so that the participant:

a) wasn´t convicted by final judgement in the country of its registered seat of a crime specified in Annex No. 3 to the Act or another similar crime pursuant to the law of the country of its registered office in the past five years preceding the commencement of the procurement procedure (expunged convictions are disregarded),

b) has no outstanding tax arrears registered in tax records in the Czech Republic or in the country of its registered office,

c) has no outstanding arrears in respect of payments and penalties of public health insurance in the Czech Republic or in the country of its registered office,

d) has no outstanding arrears in respect of payments and penalties of social security contributions and contribution to the national employment policy in the Czech Republic or in the country of its registered office,

e) isn´t in liquidation and hasn´t been declared insolvent or no receivership has been imposed of it under another legal regulation or isn´t in a similar situation pursuant to the law of the country of its registered office,

f) is registered in business register or similar evidence if law requires such registration.

I as a person authorized to act on behalf of the Participant hereby solemnly declare that that the Participant will perform the subject matter of the Public Contract [without sub-contractors./ with aid of following sub-contractors: ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Sub-contractor** | **Identification Number of the Sub-contractor** | **Tax Identification Number of the Sub-contractor** | **Registered Seat** | **Contact Details***(Email/Phone)* | **Contact Person**  |
| [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]