**Annex No. 1**

**Cover Sheet**

**Name of the public contract:** Probe Station – repeated procurement procedure

**Contracting Authority:** Fyzikální ústav AV ČR, v. v. i.

**Seat:** Na Slovance 1999/2, 182 21 Praha 8

**ID:** 68378271

**Represented by:** RNDr. Michael Prouza, Ph.D., Director

**Bidder: ………………………………………………………………**

**Seat: ………………………………………………………………**

**ID: ………………………………………………………………**

**Tax ID: ………………………………………………………………**

**Represented by: ………………………………………………………………**

**Banking details: ………………………………………………………………**

**Authorized person: ………………………………………………………………**

**Contact persons: ………………………………………………………………**

**Contact address: ………………………………………………………………**

**Tel.: …………………… e-mail: ………………………………….**

**Length of warranty period …………………. months**

**Bid price …………………………………. CZK excl. VAT**

...........……………………………

Business name + signature of the authorized representative (to be filled in by the bidder)

**Annex No. 2**

**Affidavit – basic qualification**

Pursuant to Act No. 134/2016 Coll., on Public Procurement, as amended

(hereafter the “Act”)

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|  |  |
| --- | --- |
| **Business name of the bidder** | .......................... |
| **Registered seat (office) / place of business** | .......................... |
| **ID** | .......................... |
| **Tax ID** | .......................... |

I hereby solemnly declare, that

|  |  |
| --- | --- |
| with reference to Sec 74(1)(b) of the Act - | Bidder has no outstanding tax arrears registered in tax records (excise tax) in the Czech Republic or in the country of registered office of the Bidder, |
| with reference to Sec 74(1)(c) of the Act - | Bidder has no outstanding arrears in respect of payments and penalties of public health insurance in the Czech Republic and in the country of registered office of the Bidder. |

In ……………………………… on ………………………

…………………………………………………..

Business name

Authorized representative of the bidder

(to be filled in by the bidder)