

FINANCIAL STATEMENT AND CERTIFICATION

Must be completed by Suppliers invited to submit Offers

1. The information requested in the Tables below must be provided with your Offer, please complete accordingly:

Table 1

A.	Name of Company/organization	
B.	Address of Head Office	
C.	Fax and E-mail Numbers	
D.	Date Established and/or Registered	
E.	Paid up Capital	
F.	Latest Balance Sheet Billanz sowie Gewinn + Verlustrechnung (G+V)	
G.	Fixed Assets / Anlagevermögen	
H.	Current Assets / Umlaufvermögen	
I.	Long Term Liabilities /langfristige Verbindlichkeiten	
J.	Current Liabilities /kurzfristige Verbindlichkeiten	
K.	Net Worth	
L.	Liquidity Ratio (Current Assets/Current Liabilities)	
M.	Profit / =Gewinn (pls. indicate and attach respective document/balance sheet) (bitte entsprechendes Billanzblatt u. G+V beilegen)	
N.	Profit Margin Ratio (profit/turnover)	
O.	Name of Principal Officer	
P.	Where Applicable - Name and address of your Representative in the Country of the Project (if any) -	

Table 2

Please state your Yearly Total Value of Business for the last three (3) Years in Euro			
YEAR	DOMESTIC	EXPORT	Euro TOTAL

Table 3

Please Provide Details of the Services/Goods Provided in the Advertised Sector during the last three (3) Years, if any				
CATEGORY/DESCRIPTION OF GOODS/SERVICES	Value Euro	1st. Year	2nd. Year	3rd. Year

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2. Please provide the Name and address of your company/organization's bank:

3. Please provide details of Consortium or Group to which company/organization belongs, if any:

4. Please provide any other information (chronology and business line, organization structure, etc.):

We, the below, hereby certify to the best of our knowledge that the foregoing statements are true and correct and all available information and data have been provided herein, and that we agree to show you documentary proof thereof upon your request.

(Date)

(Signature of Authorized Representative)

(Printed Name of Authorized Representative)

(Position of Authorized Representative)

(Telephone No. And Fax No.)

Certified:

(Date)

(Signature of Authorized Representative)

(Printed Name of Authorized Representative)

(Position of Authorized Representative)

(Name of Certifying Authority and Telephone No. And Fax No.)