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## **CHECKLIST AND FORMS**

#### DOCUMENT ANNEXED TO INVITATION TO TENDER No CO/2022-19

TITLE: Procurement of a company for the supply of a digital platform for the sensory analysis of virgin olive oils for the administration, control and harmonisation of virgin olive oil tasting panels

## **CHECKLIST AND FORMS TO BE COMPLETED**

- (A) TENDER CHECKLIST
- (B) TENDERER IDENTIFICATION FORM
- (C) LEGAL ENTITY FORM
- (D) FINANCIAL IDENTIFICATION FORM
- (E) EXCLUSION CRITERIA FORM
- (F) CONFLICT OF INTEREST AND FREEDOM FROM MISREPRESENTATION FORM

**NB**: In cases of consortium or subcontracting, the information requirement in the Tenderer Identification Form (B) and in the Legal Entity Form (C) **APPLIES** to **ALL** "service providers" mentioned in the tender or who may be proposed to be called upon during the expected contract period.

In cases of subcontracting, the information in the Financial Identification Form (D) is **ONLY** to be completed by the "main contractor".



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### **PART A: TENDER CHECKLIST**

HAVE YOU PROVIDED THE FOLLOWING INFORMATION?

(NB: IN THE CASE OF A JOINT TENDER, HAVE YOU INCORPORATED ALL "SERVICE PROVIDERS"? <u>OR</u> IN THE CASE OF SUBCONTRACTING, HAVE YOU ALSO PROVIDED THE INFORMATION OUTLINED IN 1.3, 1.4 AND 1.5 BELOW ON THE PROPOSED SUBCONTRACTORS?)

|              |   | Brief<br>response<br>or<br>reference | Page number on the corresponding documentation |
|--------------|---|--------------------------------------|--|
| 1.           | Administrative documentation  | Yes/No                               |  |
| 1.1          | Cover letter signed by a duly authorised person   | Yes/No                               |  |
| 1.2          | Administrative information  | Yes/No                               |  |
| (with        | Parts A, B, C and D of this document)   |                                      |  |
| 1.3          | Exclusion criteria  | Yes/No                               |  |
| (with        | Part E of this document)  |                                      |  |
| 1.4          | Selection criteria – Economic and financial capacity  | Yes/No                               |  |
| 1.5          | Selection criteria – Technical capacity   | Yes/No                               |  |
| 2.           | Technical documentation   | Yes/No                               |  |
| 3.           | Financial offer   | Yes/No                               |  |
| <b>4.</b> Is | the tender being submitted in one outer envelope/box and FOUR sealed inner envelopes/boxes with the reference of the invitation to tender notice clearly indicated on both the inner and outer envelopes/boxes? | Yes/No                               |  |

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## **PART B: Tenderer Identification Form**

Please fill in the information below:

|       |  | RESPONSE |
|-------|--|----------|
| 1.    | Name/Denomination of tenderer  |          |
|       | Legal nature of tenderer   |          |
| 3.    | Address of tenderer  |          |
| 4.    | Person(s) with sufficient power to sign contracts on behalf of tenderer            |          |
| (a)   | SURNAME and first name   |          |
| (b)   | POSITION/ROLE (Director, etc.)   |          |
| (c)   | COPY of identity card or passport showing signature                                |          |
| (d)   | DOCUMENT ACCREDITING THE POWER OF ATTORNEY to sign contracts on behalf of tenderer |          |
| 5.    | Contact person for this call for tender:   |          |
| (a)   | SURNAME and first name   |          |
| (b)   | Position/role (Director, etc.)   |          |
|       | rirect telephone number  |          |
|       | Direct email address   |          |
| (e) F | Postal address   |          |



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### **PART C: LEGAL ENTITY FORM**

Please submit one of the attached Identification Forms according to the type of "service provider" that applies to the tenderer:

- a natural person
  - or
- a private legal entity
  - or
- a public entity

The successful tenderer will have to provide the necessary documentation for the entry of the relevant data into the central third-party file before the Executive Secretariat can enter into commitments on behalf of the IOC.



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# NATURAL PERSON

This information will be stored in the accounting records of the Executive Secretariat for use in payment procedures. It may be consulted for this purpose by Secretariat staff carrying out such procedures.

| 22               |             |            |       |       |                          |      |       |       |            |        |         |          |   |      |
|------------------|-------------|------------|-------|-------|--------------------------|------|-------|-------|------------|--------|---------|----------|---|------|
| TITLE            |             |            |       |       |                          |      |       |       |            |        |         |          |   |      |
| NAME             |             |            |       |       | 200 10                   |      |       |       |            | 9      |         |          | 285 T                                   |      |
| SURNAMES         |             |            |       |       | 600                      |      |       |       |            |        | П       |          |   |      |
|                  |             | 1007 AQ AQ |       |       | 0 000                    | П    |       |       |            | 11     | П       |          |   |      |
|                  |             |            |       |       | (C) (1991)<br>(C) (1991) | 11   |       |       | 14 1404    | 11     | П       | d R      | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |      |
| CORPORATE        |             |            |       |       |                          |      |       |       |            |        |         |          |   |      |
| ADDRESS          | ППП         |            |       |       | 1 1                      |      | ΪÏ    |       | 10 (10.01) |        |         |          |   |      |
| POSTCODE         |             |            |       | РО ВО | Č.                       |      |       |       |            | 25 30  |         | \$2 \$25 | )                                       | . 38 |
| TOWN/<br>CITY    |             |            |       |       |                          |      |       |       |            |        |         |          |   |      |
| COUNTRY          |             |            |       |       |                          |      |       |       |            |        |         |          |   |      |
| VAT/TAX<br>NO.   |             |            |       |       | 692                      |      |       |       |            | 55.5   |         |          |   | 0 0  |
| 20.000 000       | CATION DOCU | MENT       | 0     |       | 2 23                     | 4 4  | 11    |       |            | 200 00 | 4       | 1 1      | T                                       |      |
| PASSPOR          | T NO.       |            | 0     |       | S 500                    | **   | 4 8   |       | - X7       | 100 10 | (A) Sec |          |   |      |
| DATE OF<br>BIRTH | D D         | мм         | Y Y Y | Y     | PLACE<br>BIRTH           |      |       |       |            |        |         |          |   |      |
| COUNTRY OF       | BIRTH       |            |       |       |                          |      |       |       |            |        |         |          |   |      |
| TELEPHONE        |             |            |       |       | e e e                    |      | FAX   |       |            |        |         |          |   |      |
| EMAIL            |             |            |       |       |                          |      |       |       | 8 88       | 11     | П       |          |   |      |
|                  | MUST BE C   |            |       |       | MITTEI                   | то ( | GETH. | ER WI | TH A       | LEGI   | BLE F   | нот      | ocoi                                    | PY   |

DATE AND SIGNATURE



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## PRIVATE LEGAL ENTITIES

| TYPE OF<br>COMPANY  |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | L          |          |  |
|---|----------------------------|-------------------------------|----------------------|-----------------------|------------|------------|----------|-----------|------------|------------|------------|-----------|----------|----------|------------|---|-----|----|----|----|------------|----------|--|
| NGO   | YES                        |                               | NO                   |                       |            |            | (N       | on-Go     | overnn     | nental     | Orga       | nisati    | on)      |          |            |   |     |    |    |    |            |          |  |
| NAME  |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
|   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
|   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
|   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | T          |          |  |
|   |                            |                               |                      | ]                     |            |            |          |           |            | ·          |            |           |          |          |            |   |     |    |    |    |            |          |  |
| CORPORATE<br>ADDRESS  |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | L          |          |  |
|   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
|   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
| POSTCODE  |                            |                               |                      | MA                    | IL S       | ECT        | ON       |           |            |            |            |           |          | ]        |            |   |     |    |    |    |            |          |  |
| CITY  |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
| COUNTRY   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | floor      |          |  |
| VAT/TAX NO  |                            |                               |                      |                       |            |            |          |           |            |            | _          |           |          |          |            |   |     |    |    |    |            |          |  |
| PLACE OF<br>REGISTRATION                                    |                            |                               | ,                    |                       |            | I          |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
| DATE OF REGIST  | TRATION                    |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    |            |          |  |
| DECICED ATION   | NO                         |                               |                      | D                     |            | DM         |          | MY        | YYY        | Y          | 1          |           |          |          |            |   |     |    |    |    | $\top$     | 7        |  |
| REGISTRATION 1  | NO                         |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | 一          | _        |  |
| TELEPHONE   |                            |                               |                      |                       |            |            | <u> </u> |           |            | FA         | X          |           |          | l        |            |   |     |    |    |    | <u></u>    | <u> </u> |  |
| EMAIL   |                            |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | ᆜ          |          |  |
| CONTACT PERSO   | ON                         |                               |                      |                       |            |            |          |           |            |            |            |           |          |          |            |   |     |    |    |    | <u></u>    |          |  |
| THIS FORM I<br>* A COPY OF T<br>FROM THE CO<br>ADDRESS OF T | THE PUBLIC I<br>OMPANY REG | DEED IN<br>ISTER (<br>SFUL TI | THE<br>OR TH<br>ENDE | E API<br>IE R<br>ERER | PRC<br>ELE | PRI<br>EVA | AT.      | E C<br>RE | COM<br>GIS | IPA<br>TEI | NY<br>R, S | R<br>ST A | EG<br>4T | IS<br>IN | TE.<br>G T | H | E N | AN | 1E | AΝ | V <b>D</b> |          |  |

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\* A COPY OF THE CIF (TAX IDENTIFICATION CODE) CARD OR A COPY OF THE

VAT/TAX REGISTRATION DOCUMENT IF APPLICABLE, EXCEPT IN THE CASE WHERE THE VAT/TAX NUMBER IS STATED ON THE OFFICIAL DOCUMENT REFERRED TO ABOVE.



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|                      | PUBLIC ENTITIES  |
|----------------------|--|
|                      |  |
| TYPE OF<br>ENTITY    |  |
| NGO                  | Y NO Non-governmental organisation   |
| NAME(S)              |  |
|                      |  |
|                      |  |
|                      |  |
| CORPORATE<br>ADDRESS |  |
|                      |  |
|                      |  |
|                      |  |
| POSTCODE             | POST OFFICE BOX  |
| CITY                 |  |
| COUNTRY              |  |
| VAT/TAX NO           |  |
| PLACE OF RE          | GISTRATION   |
| DATE OF REC          |  |
| REGISTRATIO          |  |
| TELEPHONE            | FAX FAX  |
| EMAIL                |  |
| CONTACT PERS         | SON IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   |
| * a copy of th       | ntity" form must be completed and submitted together with: e resolution, law, decision or decree establishing the entity; hat, any other official document attesting to the establishment of the entity. |
| or, jauing ti        | nui, any omer official accument altesting to the establishment of the entity.  |
| DATE                 | SEAL   |
|                      |  |
| NAME AND ROLE OF     | REPRESENTATIVE   |
|                      |  |
| SIGNATURE            |  |
|                      |  |



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### **PART D: FINANCIAL IDENTIFICATION FORM**

The principles and requirements for completing the third-party financial identification file are as follows:

- 1. Before payments can be made, the bank details of the payee/current account holder must be entered in the central third-party file;
- 2. The only supporting documents authorised for validating third-party files are official documents issued by the beneficiary's bank (bank account identification document, such as a RIB relevé d'identité bancaire, etc.);
- 3. These documents may be submitted on paper or digitally;
- 4. The successful tenderer must provide the necessary documentation to input the data in the central third-party file <u>before</u> the Executive Secretariat can enter into commitments on behalf of the IOC.

The "Financial Identification Form" must be completed for the bank account opened in the country of the tenderer's domicile and must be in the following format:

- Stamped and signed by the representative of the tenderer's bank; and
- Countersigned by the account holder, representing [<sup>1</sup>] the successful tenderer.

-

 $<sup>^{</sup>m 1}$  The declared account holder must be a person duly authorised to act legally on behalf of the successful tenderer for financial matters related to this contract.



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### FINANCIAL IDENTIFICATION FORM

**ACCOUNT HOLDER** 

This information shall be stored in the accounting records of the IOC for use in payment procedures. It may be consulted for this purpose by the IOC staff carrying out such procedures.

| NAME                                 |  |
|--------------------------------------|--|
|                                      |  |
| ADDRESS                              |  |
|                                      |  |
| CITY                                 |  |
| COUNTRY                              |  |
| CONTACT<br>PERSON                    |  |
| TELEPHONE                            | FAX  |
| EMAIL                                |  |
|                                      |  |
|                                      |  |
|                                      | CREDIT INSTITUTION   |
| NAME OF THE<br>CREDIT<br>INSTITUTION |  |
| BRANCH ADDRESS                       |  |
|                                      |  |
| TOWN/CITY                            | POSTGODE   |
|                                      | POSTCODE   |
|                                      | SWIFT / BIC  |
| IBAN                                 |  |
| COMMENTS:                            |  |
|                                      |  |
|                                      |  |
|                                      |  |
|                                      |  |
| BANK STAMP + BANK (Both compulsory)  | REPRESENTATIVE SIGNATURE  DATE + SIGNATURE OF ACCOUNT HOLDER: (Compulsory) |
| Low Compulsor 11                     | (Compusory)  |
|                                      |  |
|                                      |  |
| I                                    | 1 1  |

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## **PART E: EXCLUSION CRITERIA FORM**

The undersigned:

[name of "service provider" or subcontractor]

Registered office: [insert address]

Identification No. of the company register or relevant register: [enter number]

Tax ID no: [enter number]

Name of the signatory of this form (representative legally authorised to represent the "service provider" or subcontractor before third parties): declares on their honour that the organisation they represent:

- (a) is not insolvent, bankrupt or in liquidation, is not in insolvency administration or judicial administration, has not entered into any arrangement with creditors, has not suspended business operations, is not the subject of proceedings in relation to such matters, and is not in any analogous situation arising from any similar proceedings under national law or regulation;
- (b) has not been convicted of any offence relating to professional conduct by a judgment which has the force of *res judicata*;
- (c) has not been guilty of grave professional misconduct proven by any means which the contracting authorities can justify;
- (d) has fulfilled its obligations relating to the payment of social security contributions and taxes in accordance with the legal provisions of the country in which it is established, the country of the contracting authority or the country where the contract is to be performed;
- (e) has not received any judgement *res judicata* for fraud, corruption, participation in a criminal organisation or any other illegal activity prejudicial to the interests of the International Olive Council;
- (f) has not been subject to administrative penalties for misrepresentation in the submission of information required by a contracting authority to participate in the award procedure, for failure to provide certain information or for serious noncompliance with obligations under a contract;
- (g) in the event that it is awarded the contract and at the request of the International Olive Council, will provide evidence that it is not in any of the situations set out in (a), (b), (d) and (e) above.



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For the situations described in (a), (b) and (e) it is necessary to present a criminal record certificate or extract from the judicial record or, failing this, a recent equivalent document issued by a judicial or administrative authority in the country of origin or provenance proving compliance with these requirements. Where the tenderer is a legal person and the national legislation of the country in which it is established does not allow the issuing of such documents for legal persons, the documents provided for natural persons such as company directors or any person with powers of representation, decision-making or control in relation to the tenderer must be provided.

For the situation described in point (d) above, recent certificates or letters issued by the competent authorities of the state concerned are required. These documents must show that the tenderer is up to date with all due taxes and social security contributions, for example, in particular VAT, income tax (for natural persons only), corporation tax (for legal persons only) and social security contributions.

For any of the situations (a), (b), (d) or (e) where none of the documents described in the two preceding paragraphs is issued in the country concerned, it may be replaced by a sworn or, failing that, solemn declaration made by the party concerned before a judicial or administrative authority, a notary or a qualified professional body in their country of origin or provenance.

By signing this form, the undersigned acknowledges that they are aware of the administrative and financial consequences applicable should any of the statements or information provided prove to be false.

| Signature [full name]: | Date: [date |
|------------------------|-------------|
|------------------------|-------------|



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## PART F: CONFLICT OF INTEREST AND TRUTHFULNESS OF DECLARATIONS

The undersigned:

[name of "service provider" or subcontractor]

Registered office: [insert address]
Registration number: [enter number]

Tax ID no: [enter number]

Name of the signatory of this form (representative legally authorised to represent the tenderer before third parties):

Representing the given organisation, declares on their honour:

That it has no conflict of interest as regards the contract being tendered for. A conflict of interest could arise in particular as a result of economic interests, political or national affinities, family or emotional ties or any other relevant relationship or shared interest;

That it shall inform the International Olive Council without delay of any situation which constitutes a conflict of interest or which could give rise to such a conflict;

That it has not made and will not make any bid of any kind from which any advantage can be derived within the scope of the contract;

That it has not granted and will not grant, has not pursued and will not pursue, has not attempted and will not attempt to obtain – and has not accepted and will not accept – any financial or other advantage, for any party or from any party, which constitutes an illegal practice or involves corruption, directly or indirectly, as an incentive or reward in connection with the award of the contract:

That it has provided accurate, true and complete information to the International Olive Council in the context of this invitation to tender.

By signing this form, the undersigned acknowledges that they are aware of the legal consequences should any of the statements or information provided prove to be false or inaccurate.

Signature [full name]: Date: [date]