**Authorised signatory form**

**Address and contact details**

|  |  |
| --- | --- |
| Candidate Name / Consortium leader |       |
| Members (if consortium) |       |
| Address |            |
| Post Code |       |
| City |       |
| Country |       |
| Tel |       |
| Email |       |
| Web Site (if applicable) |       |
| Legal Status |       |
| Contact person for this tenderName / first name:Email: |            |
| Legal Representative authorised to appoint the Authorised Signatory for the contractName / first name:Function:Email:Signature: |                  |
| Authorised Signatory for the purpose of the contract (and any associated amendments)Name / first name:Function:Email:Signature: |                  |