**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 tender  Name / first name: Email: |  |
| Legal Representative authorised to appoint the Authorised Signatory for the contract  Name / first name:  Function: Email:  Signature: |  |
| Authorised Signatory for the purpose of the contract (and any associated amendments)  Name / first name:  Function: Email:  Signature: |  |