APPROVED by the Order of the Minister of Finance no. 72 as of 30.06.2020 (amended by the Order of MF no. 146 as of 24.11.2020)

## STANDARD FORM FOR THE EUROPEAN SINGLE PROCUREMENT DOCUMENT

- 1. The European Single Procurement Document (hereinafter ESPD) is a declaration on own responsibility, by which an economic operator confirms the fulfillment of the qualification and selection criteria required within public procurement procedures in the Republic of Moldova.
- 2. The form shall be filled in, electronically signed and sent to the contracting authority upon submission of the tender offer.
- **3.** An ESPD submitted by the economic operator within a previous public procurement procedure may be reused, provided that the information contained in the form is correct and valid at the time of submission.
- **4.** The tenderer who provides false information in the ESPD or the supporting documents submitted do not reflect/ confirm the information indicated in the submitted document shall be excluded from the public procurement procedure and/ or may be liable according to the provisions of the law.
- **5.** The ESPD form consists of 7 chapters, namely:
- 1) Chapter I. Information concerning the public procurement procedure and the contracting authority/ entity;
  - 2) Chapter II. Information concerning the economic operator;
  - 3) Chapter III. Exclusion grounds;
  - 4) Chapter IV. Qualification and selection criteria for economic operators;
  - 5) Chapter V. General indications for the selection criteria of economic operators;
- 6) Chapter VI. Pre-selection of candidates for the procedure for awarding the public procurement contract;
  - 7) Chapter VII. Final statements.
- **6.** Presentation of the ESPD form upon submission of the tender offer that does not comply with the requirements set out in the Award documentation shall lead to the rejection of the tender offer.

# Chapter I. Information concerning the public procurement procedure and the contracting authority/ entity

This Section shall be filled in only by the contracting authority/entity.

| Position code                                | Content of the requirement                                                                                                                                                         | Answer                                    |  |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|
| 1                                            | 2                                                                                                                                                                                  | 3                                         |  |
| A. Inf                                       | ormation concerning the publication                                                                                                                                                |                                           |  |
| 1A.1                                         | Number of the Notice/ Invitation published in the Public Procurement Bulletin, and, where applicable, the number of Notice published in the Official Journal of the European Union | SIA RSAP<br>(MTender)                     |  |
| B. Name of the contracting authority/ entity |                                                                                                                                                                                    |                                           |  |
| 1B.1                                         | Name of the contracting authority/ entity                                                                                                                                          | Public<br>Institution<br>"Public Services |  |

|      |                                                                          | Agency"       |
|------|--------------------------------------------------------------------------|---------------|
| 1B.2 | Unique identification number (IDNO) of the contracting authority/ entity | 1002600024700 |

## Chapter II. Information concerning the economic operator

This Section shall be filled in only by economic operators.

| Position         | This Section shall be filled in only by economic operators.  Position    |                      |  |  |
|------------------|--------------------------------------------------------------------------|----------------------|--|--|
| Position<br>code | Content of the requirements                                              | Answer               |  |  |
| 1                | 2                                                                        | 3                    |  |  |
| A. Informati     | on concerning the economic operator                                      | -                    |  |  |
| 2A.1             | Name of the economic operator                                            | text                 |  |  |
| 2A.2             | Country                                                                  | text                 |  |  |
| 2A.3             | Postal code                                                              | text                 |  |  |
| 2A.4             | City/ locality                                                           | text                 |  |  |
| 2A.5             | Legal address                                                            | text                 |  |  |
| 2A.6             | Web page                                                                 | text                 |  |  |
| 2A.7             | Contact person or persons                                                | text                 |  |  |
| 2A.7.1           | Phone no.                                                                | text                 |  |  |
| 2A.7.2           | E-mail address                                                           | text                 |  |  |
| 2A.8             | Unique identification number (IDNO/IDNP)                                 | number               |  |  |
| 2A.9             | VAT code number                                                          | number               |  |  |
| 2A.10            | Organizational and legal form of entrepreneurial                         | toyt                 |  |  |
|                  | activity                                                                 | text                 |  |  |
| 2A.11            | Information on the names of the shareholders/ associate                  | s/ beneficial owner  |  |  |
| 2A.11.1          | Names of the shareholders/ associates                                    | text                 |  |  |
| 2A.11.2          | Name of the beneficial owner                                             |                      |  |  |
|                  | [beneficial owner is a natural person who holds or                       |                      |  |  |
|                  | controls (as a last resort) a natural or legal person or                 |                      |  |  |
|                  | a beneficiary of an investment society or an                             |                      |  |  |
|                  | administrator of the investment society, or a person in                  | text                 |  |  |
|                  | whose name an activity or transactions are carried                       | text                 |  |  |
|                  | out and/ or holding, directly or indirectly, the                         |                      |  |  |
|                  | ownership or control of at least 25% of the shares or                    |                      |  |  |
|                  | voting rights of the legal person or of the assets under                 |                      |  |  |
| 24.11.2          | fiduciary administration]                                                |                      |  |  |
| 2A.11.3          | Citizenship of the beneficial owner (permanent                           | 14 41                |  |  |
|                  | political and legal connection of the natural person                     | text                 |  |  |
|                  | defined according to the position 2A.11.2)                               |                      |  |  |
|                  | The economic operator is:                                                |                      |  |  |
| 2A.12            | a small-size enterprise                                                  | text                 |  |  |
|                  | a medium-size enterprise                                                 |                      |  |  |
|                  | • and others                                                             |                      |  |  |
|                  | In case the procurement is reserved: is the economic                     |                      |  |  |
| 2A.13            | operator a sheltered workshop or a social enterprise,                    | $\Box$ Yes $\Box$ No |  |  |
|                  | or will he/ she ensure the execution of the Contract in                  |                      |  |  |
|                  | the context of sheltered employment programs?                            |                      |  |  |
| 2A.13.1          | If so, what is the appropriate percentage of disabled                    | number               |  |  |
|                  | or disadvantaged workers?  Please specify, which category of disabled or |                      |  |  |
| 2A.13.2          | disadvantaged workers the employees in question                          | text                 |  |  |
| 2A.13.2          | belong to?                                                               | ιελί                 |  |  |
| 2A.14            | Does the economic operator participate within the                        | □Yes □No             |  |  |
| <i>∠1</i> 1.1 ⊤  | Does the economic operator participate within the                        | □ 1 C3 □ 1 NO        |  |  |

|                  | public procurement procedure together with other           |                           |
|------------------|------------------------------------------------------------|---------------------------|
|                  | economic operators?                                        |                           |
|                  | If the answer is "Yes", please specify the role of the     |                           |
| 2A.14.1          | economic operator within the group (leader,                | / toxt /                  |
|                  | responsible for performing specific tasks, etc.).          | text                      |
| 2A.14.2          | Please name the economic operators participating in        | l taxt l                  |
| ZA.14.2          | the respective public procurement procedure.               | text                      |
| 2A.14.3          | Please specify the name of the participating group.        | text                      |
| Note. If you ar  | nswered "Yes" to the question from the Section 2A.14, p    | lease make sure that the  |
|                  | rators in question submit a separate ESPD form.            |                           |
| B. Informatio    | n concerning the representatives of the economic ope       | rator                     |
|                  | ame of person (persons) empowered to represent the ec      | onomic operator for the   |
| purposes of thi  | s public procurement procedure.                            |                           |
| 2B.1             | Name and surname                                           | text                      |
| 2B.2             | Position/ acting as                                        | text                      |
| 2B.3             | Country                                                    | text                      |
| 2B.4             | Phone no.                                                  | number                    |
| 2B.5             | E-mail address                                             | text                      |
| C. Informatio    | n concerning the use of capacity of other entities         |                           |
|                  | Does the economic operator use the capabilities of         |                           |
| 2C 1             | other entities in order to meet the selection criteria set | $\Box$ Yes $\Box$ No      |
| 2C.1             | out in Chapter IV, as well as (if applicable) the          |                           |
|                  | criteria and rules set out in Chapter V below?             |                           |
| Note. If you ar  | nswered "Yes" to the question from the Section C.1, p      | lease submit a separate   |
| ESPD form co     | entaining the information required in Sections A and       | B of that Chapter and     |
| Chapter III for  | r each of the entities concerned, correspondingly fille    | d in and signed by the    |
| entities concern | ned. We draw attention to the fact that technicians or te  | echnical bodies involved  |
| shall also be in | ncluded, whether or not they are part of the economic o    | operator's enterprise, in |
| particular those | e responsible for quality control and, in case of public p | procurement contracts of  |
| works, technici  | ans or technical bodies that can be used by the econom     | ic operator for carrying  |
| out works. To    | the extent relevant to the specific capacity (capacities   | ) used by the economic    |
| operator, pleas  | e include the information set out in Chapters IV and V     | for each of the entities  |
| concerned.       |                                                            |                           |
| D. Information   | concerning the subcontractors whose capacity t             | he economic operator      |
| relies on        |                                                            |                           |
| 2D.1             | Does the economic operator intend to subcontract any       | $\Box$ Yes $\Box$ No      |
| 217.1            | part of the contract with other economic operators?        |                           |
| 2D 1 1           | If the answer is "Yes", please enumerate the               | text                      |
| 2D.1.1           | proposed subcontractors.                                   | ιεπι                      |

## Chapter III. Grounds for exclusion from the public procurement procedure

This Section shall be filled in only by economic operators.

| <b>Position code</b> | Content of the requirements                                                                                                                                                                                                                                                                                                                                                            | Answer   |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| A. Grounds rela      | ting to convictions by final judgment of Court                                                                                                                                                                                                                                                                                                                                         |          |
| 1                    | 2                                                                                                                                                                                                                                                                                                                                                                                      | 3        |
| 3A.1                 | Participation in criminal organization.  Has the economic operator him-/ herself or any person who is a member of his/ her management or supervisory body or who has power of representation, decision or control within it, been the subject of conviction by final judgment for participation in a criminal organisation, by conviction pronounced no more than five years ago or in | □Yes □No |

|        | which the period of exclusion directly provided for                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |      |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|
|        | continues to be applied?                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |      |
| 3A.2   | Corruption.  Has the economic operator him-/ herself or any person who is a member of his/ her management or supervisory body or who has power of representation, decision or control within it been the subject of conviction by final judgment for corruption, by conviction pronounced no more than five years ago or in which the period of exclusion directly provided for continues to be applied?                                                                             | □Yes  | □No  |
| 3A.3   | Fraud.  Has the economic operator him-/ herself or any person who is a member of his/ her management or supervisory body or who has power of representation, decision or control within it been the subject of conviction by final judgment for fraud, by conviction pronounced no more than five years ago or in which the period of exclusion directly provided for continues to be applied?                                                                                       | □Yes  | □No  |
|        | Terrorism crimes and terrorist-related offences.                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |      |
| 3A.4   | Has the economic operator him-/ herself or any person who is a member of his/ her management or supervisory body or who has power of representation, decision or control within it been the subject of conviction by final judgment for terrorism crimes and terrorist-related offences, by conviction pronounced no more than five years ago or in which the period of exclusion directly provided for continues to be applied?                                                     | □Yes  | □No  |
| 3A.5   | Money laundering or terrorist financing.  Has the economic operator him-/ herself or any person who is a member of his/ her management or supervisory body or who has power of representation, decision or control within it been the subject of conviction by final judgment for money laundering or terrorist financing crimes, by conviction pronounced no more than five years ago or in which the period of exclusion directly provided for continues to be applied?            | □Yes  | □No  |
| 3A.6   | Child labor and other forms of human trafficking.  Has the economic operator him-/ herself or any person who is a member of his/ her management or supervisory body or who has power of representation, decision or control within it been the subject of conviction by final judgment for child labor and other forms of human trafficking, by conviction pronounced no more than five years ago or in which the period of exclusion directly provided for continues to be applied? | □Yes  | □No  |
| 3A.7   | If the answer to at least one of questions from the Sections 3A.1-3A.6 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?                                                                                                                                                                                                                                                         | □Yes  | □No  |
| 3A.7.1 | If the answer is "Yes", please describe these measures.                                                                                                                                                                                                                                                                                                                                                                                                                              | / te. | xt / |
| B. R   | easons for payment of taxes and/ or social security contribu                                                                                                                                                                                                                                                                                                                                                                                                                         | tions |      |
|        | Payment of taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |      |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |      |

| 3B.1         | Has the economic operator fulfilled his/ her obligations regarding the payment of taxes, duties and social contributions in accordance with the legal provisions in force in the Republic of Moldova or the country where his/ her registered place of residence is located?                                        | □Yes                                                                                      | □No |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----|
| 3B.1.1       | If the answer is "No", how has the obligation to pay taxes, duties and social security contributions been established?                                                                                                                                                                                              | / tex                                                                                     | t / |
| 3B.1.2       | If the breach of obligations relating to the payment of taxes, duties and social security contributions has been established by a court or administrative decision, is this decision final?                                                                                                                         | □Yes                                                                                      | □No |
| 3B.1.3       | If the breach of obligations relating to the payment of taxes, duties and social security contributions has been established by a court or administrative decision, please specify the date and number of the decision.                                                                                             | tex                                                                                       | t / |
| 3B.2         | Does the economic operator benefit, according to the law, from the installment of the obligations of taxes, fees, social security contributions or other facilities payment, including late fees (penalties) and/ or fines?  Note: Shall be filled in only if the answer is "No" to the question from Section 3B.1. | □Yes                                                                                      | □No |
| 3B.2.1       | If the answer is "Yes", is the economic operator able to provide the document concerning the installment of the obligations of taxes, fees, social security contributions or other facilities payment?                                                                                                              | □Yes                                                                                      | □No |
| 3B.3         | Is the economic operator able to provide a certificate concerning payment of taxes or to provide information on the fulfillment of tax obligations?                                                                                                                                                                 | □Yes                                                                                      | □No |
| 3B.4         | Is the information on the absence/ existence of arrears to the national public budget available free of charge to the authorities, by accessing a national database? If so, please specify the information that would allow the verification.                                                                       | Internet address:   text   Issuing authority/ body:   text   Exact documen reference text |     |
| C. Inclusion | of economic operators in the prohibition list                                                                                                                                                                                                                                                                       | 1                                                                                         |     |
| 3C.1         | Is the economic operator included in the prohibition list of economic operators?                                                                                                                                                                                                                                    | □Yes                                                                                      | □No |
| 3C.1.1       | If the answer to at least one of questions from the Sections 3A.1-3A.6 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?                                                                                        | □Yes                                                                                      | □No |
| 3C.1.2       | If the answer is "Yes", please describe these measures.                                                                                                                                                                                                                                                             | / tex                                                                                     | ,   |
| D. Grounds   | related to insolvency, conflicts of interest or professional n                                                                                                                                                                                                                                                      | nisconduc                                                                                 | t   |
|              | Applicable obligations in the field of environment, labor and social security                                                                                                                                                                                                                                       |                                                                                           |     |
| 3D.1         | Has the economic operator breached his/ her obligations in                                                                                                                                                                                                                                                          | □Yes                                                                                      | □No |

| •                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If the answer to at least one of questions from the Section  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3D.1 is "Yes", can you provide evidence that the measures    | $\sqcap \mathbf{V}_{\mathbf{A}\mathbf{c}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| taken are sufficient to demonstrate the reliability, despite | □ 1 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| the existence of exclusion grounds?                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If the answer is "Yes", please describe these measures.      | / tes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | xt /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Has the economic operator breached his/ her obligations in   | ¬ <b>X</b> /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | □N1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| the social field in the last 3 years?                        | ⊔ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| If the answer to at least one of questions from the Section  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | □Vaa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                              | ⊔res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| the existence of exclusion grounds?                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If the answer is "Yes", please describe these measures.      | / tes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | xt /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Has the economic operator breached his/ her obligations in   | □ <b>V</b> aa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | □N <sub>a</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| the labor field in the last 3 years?                         | ⊔res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| If the answer to at least one of questions from the Section  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3D.3 is "Yes", can you provide evidence that the measures    | $\Box \mathbf{V}_{\mathbf{a}a}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\Box$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| taken are sufficient to demonstrate the reliability, despite | □ i es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| the existence of exclusion grounds?                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If the answer is "Yes", please describe these measures.      | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Insolvency                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Is the economic operator in the process of insolvency or     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| liquidation of entrepreneurial activity as a result of the   | $\Box$ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\square No$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Court decision?                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If the answer to at least one of questions from the Section  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3D.4 is "Yes", can you provide evidence that the measures    | $\Box \mathbf{V}_{\mathbf{A}\mathbf{c}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| taken are sufficient to demonstrate the reliability, despite |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| the existence of exclusion grounds?                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | □Ves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | $\square$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 0 1                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| * *                                                          | □Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | $\square$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _1,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| =                                                            | □Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | $\square$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| · ·                                                          | $\square$ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | $\square$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| **                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| · · ·                                                        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <u> </u>                                                     | <b>□37</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _ <b>N</b> T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <u> -</u>                                                    | ⊔ Y es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If the answer to at least one of questions from the Section  | $\Box Yes$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\square No$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| -,                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                              | 3D.1 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Has the economic operator breached his/ her obligations in the social field in the last 3 years?  If the answer to at least one of questions from the Section 3D.2 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Has the economic operator breached his/ her obligations in the labor field in the last 3 years?  If the answer to at least one of questions from the Section 3D.3 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Insolvency  Is the economic operator in the process of insolvency or liquidation of entrepreneurial activity as a result of the Court decision?  If the answer to at least one of questions from the Section 3D.4 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Assets managed by the liquidator  Are the assets of the economic operator managed by a liquidator or the Court?  If the answer to at least one of questions from the Section 3D.5 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer to at least one of questions from the Section 3D.5 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Economic activities are suspended  Are the economic operator, in the las | If the answer to at least one of questions from the Section 3D.1 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Has the economic operator breached his/ her obligations in the social field in the last 3 years?  If the answer to at least one of questions from the Section 3D.2 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Has the economic operator breached his/ her obligations in the labor field in the last 3 years?  If the answer to at least one of questions from the Section 3D.3 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer is "Yes", please describe these measures.  Insolvency  Is the economic operator in the process of insolvency or liquidation of entrepreneurial activity as a result of the Court decision?  If the answer to at least one of questions from the Section 3D.4 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer to at least one of questions from the Section 3D.5 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  If the answer to at least one of questions from the Section 3D.5 is "Yes", can you provide evidence that the measures.  Economic activities are suspended  Are the economic activities of the economic operator supended?  If the answer to at least one of questions from the Section 3D.6 is "Yes", can you provide evidence that the measures.  Agreements with other economic operators aimed at the distortion of competition.  Has the economic operator, in the |

|         | taken are sufficient to demonstrate the reliability despite                                                                                                                                                             |      |           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|
|         | taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?                                                                                                                        |      |           |
| 3D.7.2  |                                                                                                                                                                                                                         |      | taxt      |
| 3D.7.2  | If the answer is "Yes", please describe these measures.                                                                                                                                                                 |      | text      |
|         | Conflict of interests                                                                                                                                                                                                   |      |           |
| 3D.8    | Is the economic operator in a situation of conflict of interest that cannot be remedied?                                                                                                                                | □Yes | □No       |
| 3D.8.1  | If the answer to at least one of questions from the Section 3D.8 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  | □Yes | $\Box No$ |
| 3D.8.2  | If the answer is "Yes", please describe these measures.                                                                                                                                                                 |      | text      |
|         | Professional ethics                                                                                                                                                                                                     |      |           |
| 3D.9    | In the last 3 years, has the economic operator been convicted, by a final court judgement, for an act that violated professional ethics or for committing a professional error?                                         | □Yes | □No       |
| 3D.9.1  | If the answer to at least one of questions from the Section 3D.9 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds?  | □Yes | □No       |
| 3D.9.2  | If the answer is "Yes", please describe these measures.                                                                                                                                                                 |      | text      |
|         | Integrity                                                                                                                                                                                                               |      |           |
| 3D.10   | In the last 3 years, has the economic operator been guilty of a professional misconduct, which calls into question his integrity?                                                                                       | □Yes | □No       |
| 3D.10.1 | If the answer to at least one of questions from the Section 3D.10 is "Yes", can you provide evidence that the measures taken are sufficient to demonstrate the reliability, despite the existence of exclusion grounds? | □Yes | □No       |
| 3D.10.2 | If the answer is "Yes", please describe these measures.                                                                                                                                                                 |      | text      |

### Chapter IV. Qualification and selection criteria for economic operators

The Section shall be filled in by the contracting authority/ entity (column no. 2) and the economic operators (column no. 3).

| Position code | Content of the requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Answer |    |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
| 1             | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3      |    |
| A. Capacity   | to exercise professional activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |    |
| 4A.1          | Is the economic operator able to provide any document (documents) proving his/ her registration?  Legal entity registered in the country of origin.  Copy of the supporting document issued by the competent body, any document considered to be edifying, in the country of origin or the country where his/ her registered place of residence is located or other equivalent documents issued by the competent authorities of that country, electronically signed by the economic operator.  If the requested documents are not issued in the country of origin or the country where the tenderer's registered place of residence is located, the contracting authority shall | □Yes   | No |
|               | accept a declaration on own responsibility or, if that country has no legal provision for declaration on own                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |    |

| 4A.1.1      | responsibility, a declaration authenticated before a Notary, an administrative or judicial authority or a competent professional association (p. 27 of the Standard Documentation for the Public Procurement of Goods and Services approved by the Order of the Ministry of Finance no. 115 as of 15.09.2021), electronically signed by the economic operator (electronic signature recognized on the territory of the Republic of Moldova).  If the answer is "Yes", please indicate the acts of registration of the entrepreneurial activity and the type (types) of activity determined by the legislation, related to the object of the Contract award procedure, based on which | text                                                                                                 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 4A.1.2      | the company has the right to execute the future public procurement Contract.  Are the acts concerning the entrepreneurial activity registration available free of charge to authorities from the national database? If so, please specify the information that would allow the verification.                                                                                                                                                                                                                                                                                                                                                                                         | Internet address:   text   Issuing authority or body:   text   Exact documentation reference:   text |
| 4A.2        | Was the Certificate concerning the entrepreneurial activity issued and/ or an equivalent authorization related to the object of the Contract award procedure, within a national system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □Yes □No                                                                                             |
| 4A.2.1      | Is not required.  If the answer is "Yes", is the economic operator able to provide the document (documents) proving certification and/or authorization of his/her activity?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Yes □No                                                                                             |
| 4A.2.3      | Are certification or authorization documents available free of charge to authorities from a national database? If so, please specify the information that would allow the verification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Internet address:   text   Issuing authority or body:   text   Exact documentation reference:   text |
| 4A.3        | Do the types of activity and/ or certification, and/ or authorization of the entrepreneurial activity cover the selection criteria imposed by the contracting authority/ entity in the Notice/ Invitation for participation?  Is not required.                                                                                                                                                                                                                                                                                                                                                                                                                                       | □Yes □No                                                                                             |
| B. Economic | c and financial capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |
|             | Bank statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |
| 4B.1        | Is the economic operator able to provide bank statements or,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | □Yes □No                                                                                             |

|        | where appropriate, evidence of occupational risk insurance in accordance with the Award documentation requirements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
|        | Is not required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Internet                                                                                    |
| 4B.1.1 | Is the information referred to in Section 4B.1 available free of charge to the authorities from a national database? If so, please specify the information that would allow the verification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | address:   text   Issuing authority or body:   text   Exact documentation reference:   text |
|        | Annual turnover (sales volume)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             |
| 4B.2   | The economic operator shall be able to demonstrate the annual turnover as follows:  For lot no. 1:  Economic and financial capacity (art. 21 paragraph (1) letter c) of the Law no. 131/2015 on Public Procurement) - Declaration on own responsibility regarding the turnover of at least 395 million MDL (cumulatively) or equivalent in foreign currency for the period of the last 3 years in the field of activity related to the object of acquisition, confirmed by the electronic signature of the economic operator (electronic signature recognized on the territory of the Republic of Moldova)  For lot no. 2: Economic and financial capacity (art. 21 paragraph (1) letter c) of the Law no. 131/2015 on Public Procurement) - Declaration on own responsibility regarding the turnover of at least 32.6 million MDL (cumulatively) or equivalent in foreign currency for the period of the last 3 years in the field of activity related to the object of acquisition, confirmed by the electronic signature of the economic operator (electronic signature recognized on the territory of the Republic of Moldova) | □Yes □No                                                                                    |
| 4B.2.1 | Please, specify the turnover according to the data in the financial report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Value [number]<br>Year   text                                                               |
| 4B.3   | Average annual turnover  The economic operator shall be able to demonstrate an average annual turnover, as follows:  Value Period  Is not required.  Note. The value and period shall be filled in by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Yes □No                                                                                    |
| 4B.3.1 | Specify the turnover according to the data in the financial report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Value [number] Year   text   Value [number] Year   text   Value [number]                    |

|              |                                                                                                                                                                                                                                                                                                                                 | Year   text                                                                                          |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|              |                                                                                                                                                                                                                                                                                                                                 | Total average                                                                                        |
|              |                                                                                                                                                                                                                                                                                                                                 | value [number]                                                                                       |
|              | Financial report                                                                                                                                                                                                                                                                                                                |                                                                                                      |
| 4B.4         | Is the economic operator able to provide the registered financial report, extracted from the financial report?                                                                                                                                                                                                                  | □Yes □No                                                                                             |
|              | Is not required.                                                                                                                                                                                                                                                                                                                | T                                                                                                    |
| 4B.5         | Is the information concerning economic and financial situation available free of charge to authorities from a national database? If so, please specify the information that would allow the verification.                                                                                                                       | Internet address:   text   Issuing authority or body:   text   Exact documentation reference:   text |
| C. Technical | and/ or professional capacity                                                                                                                                                                                                                                                                                                   |                                                                                                      |
| 4C.1         | The economic operator shall be able to provide the documents requested by the contracting authority/ entity in the Contract notice, which demonstrate his/ her technical and/ or professional capacity for the future contract execution.                                                                                       | □Yes □No                                                                                             |
|              | Is not required.                                                                                                                                                                                                                                                                                                                |                                                                                                      |
| 4C.1.1       | Is the information concerning technical and/or professional capacity available free of charge to authorities from a national database? If so, please specify the information that                                                                                                                                               | or body:<br>  text                                                                                   |
|              | would allow the verification.                                                                                                                                                                                                                                                                                                   | Exact documentation reference:   text                                                                |
|              | Technical installations and quality assurance measures                                                                                                                                                                                                                                                                          |                                                                                                      |
| 4C.2         | Is the economic operator able to provide details concerning technicians or technical bodies specified in the Contract notice/ Award documentation that may be requested by the contracting authority/ entity, in particular those responsible for quality control regarding this public procurement exercise?  Is not required. | □Yes □No                                                                                             |
| 4C.3         | Is the economic operator able to provide information on the management and traceability systems used in the supply chain?  Is not required.                                                                                                                                                                                     | □Yes □No                                                                                             |
| 4C.3.1       | Is the information available free of charge to the authorities from a national database? If so, please specify the information that would allow the verification.                                                                                                                                                               | Internet address:   text   Issuing authority                                                         |

|          |                                                                                              | or hody            |              |
|----------|----------------------------------------------------------------------------------------------|--------------------|--------------|
|          |                                                                                              | or body:<br>  text |              |
|          |                                                                                              | Exact              |              |
|          |                                                                                              | documen            | tation       |
|          |                                                                                              | reference          |              |
|          |                                                                                              | text               | ٤.           |
|          | Machinery, installations and technical equipment                                             | ιελί               |              |
|          | Does the economic operator have the necessary machinery                                      |                    |              |
|          | and equipment for the proper fulfillment of the Public                                       |                    |              |
|          | procurement contract?                                                                        |                    |              |
| 4C.4     | procurement contract:                                                                        | □Yes               | $\square$ No |
|          | Posession of equipment and <u>own</u> production process of blanks (booklets), for lot no. 1 |                    |              |
|          | Is the economic operator able to provide information                                         |                    |              |
|          | concerning the specific machinery and equipment necessary                                    |                    |              |
|          | for this Contract execution, in accordance with the                                          |                    |              |
|          | requirements set out in the Contract notice and the Award                                    |                    |              |
|          | documentation?                                                                               |                    |              |
| 40.5     | Declaration concerning the specific machinery and                                            |                    |              |
| 4C.5     | equipment necessary for the proper fulfillment (execution)                                   | □Yes               | $\square$ No |
|          | of the Contract, filled in according to Annex no. 13 to the                                  |                    |              |
|          | Standard Documentation approved by the Order of the                                          |                    |              |
|          | Minister of Finance no. 115 as of 15.09.2021,                                                |                    |              |
|          | electronically signed by the economic operator (electronic                                   |                    |              |
|          | signature recognized on the territory of the Republic of                                     |                    |              |
|          | Moldova), for lot no. 1                                                                      |                    |              |
|          | Professional training and qualification of staff                                             |                    |              |
|          | Does the economic operator have qualified staff within the                                   |                    |              |
|          | company according to the requirements set out in the                                         |                    |              |
|          | Contract notice or in the Award documentation?                                               |                    |              |
| 4C.6     |                                                                                              | $\Box$ Yes         | $\square$ No |
|          | Availability of qualified personnel in the field (article 22                                 |                    |              |
|          | paragraph (1) letter c) of the Law no. 131/2015 on Public                                    |                    |              |
|          | Procurement), for lot no. 1                                                                  |                    |              |
|          | Is the economic operator able to provide information                                         |                    |              |
|          | concerning the specialized personnel proposed for the                                        |                    |              |
|          | Contract execution, in accordance with the requirements set                                  |                    |              |
|          | out in the Contract notice and the Award documentation?                                      |                    |              |
|          |                                                                                              |                    |              |
|          | Declaration concerning the specialized personnel proposed                                    |                    |              |
|          | for the implementation of the Contract, for lot no. 1, filled                                |                    |              |
|          | in according to Annex no. 14 to the Standard                                                 |                    |              |
|          | Documentation approved by the Order of the Minister of                                       |                    |              |
| 4C.7     | Finance no. 115 as of 15.09.2021, electronically signed by                                   | □Yes               | $\square$ No |
|          | the economic operator (electronic signature recognized on                                    |                    |              |
|          | the territory of the Republic of Moldova), regarding the                                     |                    |              |
|          | following:                                                                                   |                    |              |
|          | Project manager - experience of at least 3 years in the field                                |                    |              |
|          | of production and implementation of documents.                                               |                    |              |
|          | Technical expert - experience of at least 3 years in the field                               |                    |              |
|          | of the identification documents production, knowledge in                                     |                    |              |
| <u> </u> | 1 / / / / / / / / / / / / / / / / / / /                                                      |                    |              |

|         | the field of secure printing, knowledge of ICAO and ISO/IEC requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 4C.8    | Indicate the average annual number of employees in the last three years.  Is not required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Year   text   Employees [number] Year   text   Employees [number] Year   text   Employees [number] |
|         | Number of management staff members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | [Humber]                                                                                           |
| 4C.9    | Please specify the number of management staff members of the economic operator during the last three years.  Is not required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Year   text   Persons [number] Year   text   Persons [number] Year   text   Persons [number]       |
|         | Samples, descriptions, photographs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |
| 4C.10   | Is the economic operator able to provide samples, descriptions and/ or photographs of the products/ services to be delivered/ provided in accordance with the requirements set out in the Award documentation?                                                                                                                                                                                                                                                                                                                                                                                                                                               | □Yes □No                                                                                           |
|         | Is not required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |
| 4C.11   | For public procurement contracts of works  Did the economic operator carry out works specific or similar to the object of the procurement indicated in the Contract notice and the Award documentation during the reference period?                                                                                                                                                                                                                                                                                                                                                                                                                          | □Yes □No                                                                                           |
| 4C.11.1 | If the answer is "Yes", please enumerate them specifying<br>the description of deliveries, their value, start date, date of<br>the reception report at the moment of the works' completion,<br>beneficiary and other relevant information.                                                                                                                                                                                                                                                                                                                                                                                                                   | text                                                                                               |
|         | For public procurement contracts of goods                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |
| 4C.12   | Did the economic operator carry out deliveries specific to the object of the procurement indicated in the Contract notice and the Award documentation during the reference period?  Specific experience in the delivery of similar goods (art. 22 para. (1) let. a) of the Law 131/2015 on Public Procurement) for lots which the economic operator shall participate in - Declaration concerning the list of main deliveries carried out/ services provided in the last 3 years of activity, filled in according to Annex no. 12 to the Approved Standard Documentation by the Order of Minister of Finance no. 115 as of 15.09.2021, electronically signed | □Yes □No                                                                                           |

|                | by the economic operator.                                                                                                                                                                                                                                                                                                        |                                                                                                         |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
|                | Delivery of goods shall be confirmed by submission of certificates/ documents (fiscal invoices) issued or countersigned by the beneficiaries of deliveries, electronically signed by the economic operator (electronic signature recognized on the territory of the Republic of Moldova)                                         |                                                                                                         |
| 4C.12.1        | If the answer is "Yes", please enumerate them specifying<br>the description of deliveries, their value, execution period,<br>start date, beneficiary and other relevant information.                                                                                                                                             | text                                                                                                    |
|                | For public service contracts                                                                                                                                                                                                                                                                                                     |                                                                                                         |
| 4C.13          | Did the economic operator provide services similar to the object of the procurement indicated in the Contract notice and the Award documentation during the reference period?  Is not required.                                                                                                                                  | □Yes □No                                                                                                |
| 4C.13.1        | If the answer is "Yes", please enumerate them specifying the description of services, their value, execution period, start date, beneficiary and other relevant information.                                                                                                                                                     | text                                                                                                    |
| 4C.14          | If the answer to one of the questions from Sections 4C.11-4C.13 is "Yes", can you provide evidence of the completion of works, delivery of goods or provision of similar services as required by the Award documentation?                                                                                                        | □Yes □No                                                                                                |
| D. Quality ass | surance standards                                                                                                                                                                                                                                                                                                                | T                                                                                                       |
| 4D.1           | Is the economic operator able to provide certificates issued<br>by independent bodies certifying that the economic operator<br>complies with quality assurance standards in accordance<br>with the requirements set out in the Contract notice and the<br>Award documentation?                                                   | □Yes □No                                                                                                |
|                | Is not required.                                                                                                                                                                                                                                                                                                                 |                                                                                                         |
| 4D.2           | Is information on quality assurance standards available to authorities free of charge from a national database? If so, please specify the information that would allow the verification.                                                                                                                                         | Internet address:    text    Issuing authority or body:   text    Exact documentation reference:   text |
| E. Environme   | ental protection standards                                                                                                                                                                                                                                                                                                       | · · ·                                                                                                   |
| 4E.1           | Is the economic operator able to provide certificates issued by independent bodies certifying that the economic operator complies with environmental protection standards in accordance with the requirements set out in the Contract notice and the Award documentation?  Correspondence of the environmental management system | □Yes □No                                                                                                |
|                | according to ISO 14001 - Copy of the certificate, confirmed                                                                                                                                                                                                                                                                      |                                                                                                         |

|                      | by the electronic signature of the economic operator (electronic signature recognized on the territory of the Republic of Moldova)                                                                                                                                        |                                                                                                      |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 4E.2                 | Is information on environmental standards available free of charge to authorities from a national database? If so, please specify the information that would allow the verification.                                                                                      | Internet address:   text   Issuing authority or body:   text   Exact documentation reference:   text |
| F. Allowing controls |                                                                                                                                                                                                                                                                           |                                                                                                      |
| 4F.1                 | Does the economic operator allow the contracting authority or contracting entity to carry out verifications regarding the economic and financial, production or technical capacities regarding the execution of the future public procurement contract?  Is not required. | □Yes □No                                                                                             |

#### Chapter V. General guidelines for qualification and selection criteria

The Section shall be filled in by the contracting authority/entity (column no. 2) and the economic operators (column no. 3).

| Position code | Content of the requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Answer      |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1             | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3           |
| A. Fulfillm   | ent of all required selection criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| 5A.1          | Is the economic operator able to submit to the Automated Information System "State Register of Public Procurement" or by electronic means, or if necessary, on paper to the contracting authority: forms, certificates, notices and other documents indicated by the contracting authority/ contracting entity in the contract notice and award documentation?  Deadline 30 days from the date of request.  Note. The number of days shall be indicated by the contracting authority taking into account the quantity and character of the documents requested. | □Yes<br>□No |
| 5A.2          | Is the information enabling the contracting authority/contracting entity to obtain the documents indicated in the Contract notice and the Award documentation available free of charge and directly by accessing a national database in any State? If so, please specify the information that would allow the verification.                                                                                                                                                                                                                                     |             |

Chapter VI. Pre-selection of candidates for the procedure for awarding the public procurement contract

This section is requested by the contracting authority only in context of public procurement procedures: restricted tendering procedure, negotiation, competitive dialogue and innovation

partnership.

| Position code | Content of the requirements                                                                                                                                                                                                                                                                                                                    | Answer   |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1             | 2                                                                                                                                                                                                                                                                                                                                              | 3        |
| Α.            | Fulfillment of all required selection criteria                                                                                                                                                                                                                                                                                                 |          |
| 6A.1          | The economic operator/ candidate shall meet the selection criteria set out by the contracting authority in the Contract notice and the Award documentation.                                                                                                                                                                                    | □Yes□ No |
| 6A.2          | The economic operator/ candidate has and is able to submit to the Automated Information System "State Register of Public Procurement" or by electronic means, or if necessary, on paper to the contracting authority certified (or in any other form) supporting documents, as is required in the Contract notice and the Award documentation. | □Yes□ No |

#### **Chapter VII. Final statements**

The economic operator declares that the information presented in Chapters II-V (as the case may be II-VI) is accurate and correct, being fully aware of the severe consequences of false declarations. The economic operator shall formally declare that he/ she may provide, at the request of the contracting authority/ contracting entity without delay, the requested certificates and supporting documents, unless the contracting authority/ contracting entity has the possibility to obtain the supporting documents directly by accessing a relevant database, which is available free of charge, provided that the economic operator has provided the necessary information (internet address, issuing authority or body, exact reference of the documentation) to enable the contracting authority or contracting entity to carry out the aforementioned and the access to such information shall be granted if necessary.

The economic operator shall formally declare that he/ she agrees that the Public Institution "Public Service Agency" as described in Chapter I, Section A, obtains access to the supporting documents regarding the information he/ she has provided in this ESPD for the purpose of the procurement procedure: open tendering procedure - blanks (booklets) of identity documents from the National Passport System, Driving Licenses and Registration Certificates, including equipment and a specialized program product for personalization of such for the period of 2022-2025.

(Shall be filled in and signed by the economic operator)

Name: [text]
Position: [text]
Date: [date]
Address: [text]
Signature