

Bidder Information Form

[The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.]

Date: **22 May 2026**

RFB No.: [**MDA/T/GD/NCB-4**]

Alternative No.: [-]

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1. Bidder's Name HEALTH MEDICAL SOLUTIONS SRL
2. In case of JV, legal name of each member: [<i>insert legal name of each member in JV</i>]
3. Bidder's actual or intended country of registration: Moldova Republic, of
4. Bidder's year of registration: 2018
5. Bidder's Address in country of registration: 128, Grenoble str., Chisinau, Moldova Republic, of
6. Bidder's Authorized Representative Information Name: LUNGU ION Address: 128, Grenoble str., Chisinau, Moldova Republic, of Telephone/Fax numbers: +373 69423432, +373 79627404 Email Address: info@hms.md, lunguion.hms@gmail.com
7. Attached are copies of original documents of [<i>check the box(es) of the attached original documents</i>] <input checked="" type="checkbox"/> Articles of Incorporation (or equivalent documents of constitution or association), and/or documents of registration of the legal entity named above, in accordance with ITB 4.4. <input type="checkbox"/> In case of JV, letter of intent to form JV or JV agreement, in accordance with ITB 4.1. <input type="checkbox"/> In case of state-owned enterprise or institution, in accordance with ITB 4.6 documents establishing: <ul style="list-style-type: none">• Legal and financial autonomy• Operation under commercial law• Establishing that the Bidder is not under the supervision of the Purchaser

8. Included are the organizational chart, a list of Board of Directors, and the beneficial ownership. *[If required under BDS ITB 45.1, the successful Bidder shall provide additional information on beneficial ownership, using the Beneficial Ownership Disclosure Form.]*