Kiełpin, 10.12.2019

*Purchaser:*

**Celon Pharma SA**

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**Request for Quotation (RFQ) no.** **5/2019/O/NoteSZHD/Z9**

**Attachment 1**

**The Statement of compliance of the Bidder with the requirements   
defined in the request for quotation**

In response to the Request for Quotation regarding project “New therapy of psychotic disorders and Huntington's disease with particular focus on cognition deficits” by Celon Pharma S.A. as part of the 2nd edition of the contest in the research and development program Prevention and treatment of civilization diseases – STRATEGMED, I hereby declare that:

1. ….….……<Contractor’s name>…………...……... runs a business with the capacity of conducting the activities which are the subject of the order:

[ ] Yes [ ] No

Justification:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. ….….……<Contractor’s name>…………...……... has the necessary technical and laboratory infrastructure and has an experienced personnel specialising in areas related to the subject of the order to conduct the studies in accordance with Good Laboratory Practices (GLP):

[ ] Yes [ ] No

Justification:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. ….….……<Contractor’s name>…………...……... has at least 5 year of experience in development and validation of analytical methods as well as in quantitative analysis of analytes in clinical trial samples:

[ ] Yes [ ] No

Justification:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. ….….……<Contractor’s name>…………...……... financial and economic situation ensures successful implementation of the order and there are no indications suggesting that this situation will change during the period covered by the agreement:

[ ] Yes [ ] No

………………………………… …………………….……………….…………..

(Place and date) (name and signature of the authorised person)