**REQUEST FOR QUOTATION (RfQ)no 05/2019/O/NoteSzHD/Z9**

Contractor/company stamp:

………………………………………………..

 (place, date)

 Tax ID number (NIP): .……………………………………………

**The Statement on absence of personal or capital ties with the Purchaser**

In response to the RfQ no **05/2019/O/NoteSzHD/Z9** for (name of inquiry) …………………………………………………….. (I/We) hereby declare that there is no capital nor personal ties between the Contractor and the Purchaser: Celon Pharma SA.
By personal or capital ties the interactions between the Purchaser or persons authorized to enter into commitments on behalf of the Purchaser, or persons performing activities related to the preparation and the procedure for selecting the Contractor on behalf of the Purchaser and the Contractor, are meant, in particular trough:

1. participation in the company as a shareholder or partner;
2. possession of at least 10% of the shares, unless a lower threshold arises from the law or has been defined by the Managing Authority for Operational Programs;
3. acting as a member of the supervisory or management board of the company or the proxy or the attorney;
4. remaining married, in a consanguinity or affinity relationship in a straight line (parents, children, grandchildren, in-laws, son-in-law), collateral line to the second degree (siblings, spouse relatives) or remain in the relationship of adoption, custody or guardianship.

……………..…………………………………………………………………….

Date and signature of the authorised person on behalf

of the Contractor