



of the Contractor

REQUEST FOR QUOTATION (RfQ) no	
Contractor/c	company stamp:
	(place, date)
Tax ID numb	oer (NIP):
Th	e Statement on absence of personal or capital ties with the Purchaser
Celon Pharm Contractor a between the Purchaser, o	sponse to the RfQ no
2. owni	cipate in the company as a partner of a civil partnership or personal partnership; ng at least 10% of shares as long as the lower limit does not result from legal sions or was not defined by IZ PO;
-	ing the duties of member of the supervisory body or as manager, proxy or power of
_	g married, a direct family member, direct affinity, second-level relative or second ee affinity in lateral line or in relation to adoption, care or guardianship.
	date and signature of the authorised person on behalf

National Court Register entry number (KRS): 0000437778

Tax ID number (NIP): 118 – 16 – 42 – 061