

APPLICATION FORM

8428/2017/05T

1. Applicant			
Full name:			
Registration address:			
Registration number:			
Contact details (e-mail, telephone number, fax, web-site):			
Company's experience in carrying out sociological surveys (general information, 1 paragraph maximum):			
2. Describe proposed survey mentioning in details method, geography and sample			
3. Questionnaire structure			

4. Proposed questio (Final question	ns for the questions will be agreed					
5. Арр	olicant's experien	ce of cooper	ation with tele	vision and rad	lio companies	
	(D)					
	6. Deta	iiled calculat	ion of the cost	of services		
CoE exchange rate: 31,		Duine man	Duinaman	Name la con	Total	Total
	Unit	Price per unit,	Price per unit,	Number of units	Total, UAH	Total, EUR
		UAH	EUR			
1. Name of services	(for					
(for example, ,	example, per					
sociologist 1 fee)	hour)					
2. 3.						
4.						
5.						
6.						
7.						

10.						
11.						
Total 1 VAT inclusive						
VAT						

7. Delaration

I, the undersigned, authorized to represent the applicant, hereby certify that the information contained in this application is correct.

I certify on my honour that the applicant organisation is not in one of the situations which would exclude it from taking part in a Council of Europe tender procedure, and accordingly declare that the applicant:

- a. has not been sentenced by final judgment on one or more of the following charges: participation in a criminal organisation, corruption, fraud, money laundering;
- b. is not in a situation of bankruptcy, liquidation, termination of activity, insolvency or arrangement with creditors or any like situation arising from a procedure of the same kind, or is not subject to a procedure of the same kind;
- c. has not received a judgment with res judicata force, finding an offence that affects its professional integrity or constitutes a serious professional misconduct;
- d. does comply with its obligations as regards payment of social security contributions, taxes and dues, according to the statutory provisions of the country where it is established.

8. Signature			
Signature of the responsible person of Applicant:			
Stamp:			
Name and surname of the responsible person of Applicant:			
Place and date of signature:			