



**LIST OF PERSONS PARTICIPATING IN THE IMPLEMENTATION OF THE ORDER**

NAME OF SUB-CONTRACTOR:.....

ADDRESS:.....

Full name	Information on participator's experience	At disposal/soon to be at disposal*
		At disposal/soon to be at disposal **
		At disposal/soon to be at disposal **
		At disposal/soon to be at disposal **

I certify that the participators in the implementation of the Order possess the required professional experience. In the case of the selection of my offer, the documents verifying the possessed qualifications and experience will be submitted to the Orderer prior to the signing of the Contract.

Place, ....., date .....2014

.....  
signature of person/persons  
authorized to represent the Contractor

\* In the case when the Contractor selects a person to be at his/her disposal, it is necessary to submit, next to the information on the basis for the disposal of such a person, a written certification of the other subjects in which they certify that they shall make available a person capable of implementing the Order.

\*\* delete as appropriate