# ANNEX 5:

# *CONSORTIUM AND SUB-CONTRACTING ARRANGEMENTS*

# ORGANISATIONAL INFORMATION

If the Services are provided through a Consortium and/or Sub-contracting arrangement, please provide details for each and all organisation, as requested below.

If your Proposal does not include any Consortium or Sub-contracting arrangement, it is not necessary to complete and submit this annex.

If either section A or B do not apply to your Proposal, please indicate it as requested.

When section A and/or B apply, all questions need to be answered. If you do not know the information required, please write N/K. If it is not applicable, please write N/A.

# a. Implementing partners

YES  - please fill the tables below with the requested information

NO

Please add or remove tables as necessary.

|  |  |
| --- | --- |
| **IMPLEMENTING PARTNER 1** | |
| Name: |  |
| Registered address: |  |
| Office / branch to implement the Services (if different from registered address): |  |
| Business / organisation type: |  |
| Company / organisation registration number and body of registration: |  |
| Date of Registration: |  |
| Component of Services they will deliver: |  |
| Percentage of the total value of the contract to be managed by this Partner: |  |
| Other relevant information: | |
|  | |

|  |  |
| --- | --- |
| **IMPLEMENTING PARTNER 2** | |
| Name: |  |
| Registered address: |  |
| Office / branch to implement the Services (if different from registered address): |  |
| Business / organisation type: |  |
| Company / organisation registration number and body of registration: |  |
| Date of Registration: |  |
| Component of Services they will deliver: |  |
| Percentage of the total value of the contract to be managed by this Partner: |  |
| Other relevant information: | |
|  | |

# b. sub-contractors

YES  - please fill the tables below with the requested information

NO

Please add as many tables as necessary.

| **SUB-CONTRACTOR 1** | |
| --- | --- |
| Name: |  |
| Registered address: |  |
| Office / branch to implement the Services (if different from registered address): |  |
| Business / organisation type: |  |
| Company / organisation registration number and body of registration: |  |
| Date of Registration: |  |
| Component of Services they will deliver: |  |
| Percentage of the total value of the contract to be managed by this Partner: |  |
| Other relevant information: | |
|  | |

| **SUB-CONTRACTOR 2** | |
| --- | --- |
| Name: |  |
| Registered address: |  |
| Office / branch to implement the Services (if different from registered address): |  |
| Business / organisation type: |  |
| Company / organisation registration number and body of registration: |  |
| Date of Registration: |  |
| Component of Services they will deliver: |  |
| Percentage of the total value of the contract to be managed by this Partner: |  |
| Other relevant information: | |
|  | |