STATEMENT ON ABSENCE OF PROFESSIONAL CONFLICT OF INTERESTS

 **(DO NOT MODIFY THIS DOCUMENT)**

**This document MUST be signed and dated.**

**Form to be filled in and duly signed and dated by each economic operator**

The undersigned …………………………………..…………………….., as the authorised representative of the economic operator …………………………………………………….., hereby declares that it **does not have any professional conflicting interests** that may negatively affect its performance and that it possesses the required professional capacity to perform the Contract to an appropriate quality standard.

Signed at ………………………………………, dated………………………………

Signature:

ID/Passport No.: