**Appendix No. 3 to Request for Bids No. 05/WPD104/2020**

#### ..................................., on .............. .............

 *(place) (date)*

**CONTRACTOR**

……………………………………….

*(name/registered office/address/tax ID (NIP) of the Contractor)*

**AWARDING ENTITY:**

WPD Pharmaceuticals sp. z o. o.

ul. Żwirki i Wigury 101,

02-089 Warszawa

#### **DECLARATION OF NO CAPITAL OR PERSONAL LINKS**

For the purpose of the contract award procedure for delivery of a database system, for conducting clinical studies, as a part of the project No. POIR.01.02.00-00-0084/18, entitled: “*New approach to glioblastoma treatment addressing the critical unmet medical need”* (Request for Bids No. 05/WPD104/2020), on behalf of the Contractor I hereby declare that there are no mutual ties between the Contractor and the Awarding Entity or persons authorized to incur obligations on behalf of the Awarding Entity or persons acting on behalf of the Awarding Entity in connection with the Contractor selection procedure and in particular that there are no ties which consist in:

* 1. participation in the company in the capacity of a partner in a civil law company or partnership;
	2. ownership of at least 10% of shares or stock, provided that a lower threshold is not mandated under legal regulations or rules concerning the principles of implementation of the project covered by the Request for Bids,
	3. holding the function of a member of a supervisory or management body, a commercial representative or an attorney;
	4. being married to or having lineal consanguinity or direct affinity, collateral consanguinity or affinity to the second degree to, or being adopted by, or being under the guard or custody of such persons,
	5. or any other relationship which could result in a conflict of interests affecting the award of the contract.

I declare that I am aware that should any capital or personal links be revealed between the Contractor and the Awarding Entity, the contract shall not be awarded to the Contractor.

Place ………………, on ……… ……..................................................

*(signature of the person(s) authorized to represent the Contractor)*