|  |
| --- |
| **Registration form for the participant of the E-procurement system****and an** **authorization for initial administrator** |
|  |  |  |  |
| *(place)* |  | *(date)* |  |
|  |  |  |  |
|  |
| *(name of the participant)* |
| represented by |
|  |  | Member of the Board |  | Chairman of the Board |  | An attorney |  | Procurator |  |
|  |  | Other legal basis |  |
|  |  |  | *(indicate other legal basis for representation or held position)* |  |
|  |  |  |
|  |  | *(Name and Surname of the participant’s representative)* |  |
| By signing this registration form the participant: |
| ▪ | agrees to join the e-procurement system and obtain the status of participant of the e-procurement system *(indicate your user type in the e-procurement system, only one can be selected)*: |
|  |  |  |  |
|  |  |  |  |  |
|  |  | Economical operator |  |  |
|  |  | *(indicate legal form of Contracting authority)* |  |
|  |  | Contracting authority |  |  |
|  |  | *(if applicable indicate institution or municipality the Contracting authority relies upon)* |  |
| ▪ | Commits to recognize as conclusive as legally binding and approved with a signature that is legally binding on the user through application of the signature tools, which ensure confirmation the identity of the user, the taken actions, the created documents and the transactions done within the e-procurement system and its subsystems; |
| ▪ | Undertakes to respect the terms of use of the e-procurement system, the related documents and legal transaction terms (including the active framework agreement of the e-order subsystem) applicable to each subsystem of e-procurement system, as well as other relevant requirements applicable to users of the e-procurement system; |
| ▪ | Authorizes as an participant’s initial administrator |  |
|  | *(Name and Surname of administrator)* |
|  | Identification mode of the administrator within the e-procurement system (*both can be selected*): |  |
|  |  | default system access (password and code card) |  |  |
|  |  | system identifier\* (personal number required): |        -      |  |
|  |  | *\* The state national information system identifier ensures identification using means of identification of a third party, for instance, electronic signature, or means of identification issued by a credit institution.* |
|  |  |  |  |
| Participant's requisites and contact information: |
|  |  |  |  |
|  | VAT/Reg. No. |  |
|  |  |  |  |
|  | legal address  |  |
|  |  |  |  |  |  |
|  | e-mail |  | telephone |  |
|  |  |  |  |  |  |
|  | bank |  | IBAN/ bank account |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Representative of the participant |  |  |  |
|  | *(Name and Surname)* |  | *(Signature)* |
| **Note** | *do not fill the “Signature” section if the document is signed electronically using a secure e-signature according to regulations by law.* |