**CONTRACTING AUTHORITY**/***NARUČITELJ:*** **ALUFLEXPACK NOVI d.o.o.**

**Wastewater treatment and demineralization plants (WWTP) / Sistem za pročišćavanje vode i sistem za proizvodnju demineralizirane vode**

**Procurement number*/Evidencijski broj nabave*:** 04/2021

In order to prove economoc capacity set out in Article 11.1 of the Invitation to Tender I hereby give following:

***Radi dokazivanja ekonomske sposobnosti tražene u točki 11.1 Poziva na dostavu ponuda dajem sljedeću:***

**STATEMENT ON ECONOMIC CAPACITY**/***IZJAVU O EKONOMSKOJ SPOSOBNOSTI***

I/Ja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (name and surname and personal identification number of the authorised representative of the Tenderer /***Ime i prezime i OIB ovlaštene osobe ponuditelja)***

as a authorised representative of the / ***kao ovlaštena osoba za zastupanje gospodarskog subjekta:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name, address and VAT No. of tenderer/ ***naziv i sjedište ponuditelja, OIB***)

**Under material and criminal responsibility declare that we have economic capacity requested by the article 11.1 of the Invitation to Tender for Wastewater treatment and demineralization plants (WWTP), procurement identification number 04/2021, published on the website** [**www.strukturnifondovi.hr**](http://www.strukturnifondovi.hr) **as it follows**:/***pod materijalnom i kaznenom odgovornošću izjavljujem da posjedujem ekonomsku sposobnost traženu u točki 11.1 Poziva za dostavu ponuda za nabavu sistema za pročišćavanje vode i sistem za proizvodnju demineralizirane vode, evidencijski broj nabave 04/2021, objavljenoj na stranici*** [***www.strukturnifondovi.hr***](http://www.strukturnifondovi.hr) ***kako slijedi:***

|  |  |
| --- | --- |
| **Financial year/*Financijska godina*** | **Total annual income/*Ukupni godišnji prihod*** |
|  |  |
|  |  |
|  |  |

**Place and date**/***Mjesto i datum:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(*signature of the authorised representative/*Potpis odgovorne osobe)