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

***Sheet Metal Testing Machine* /** ***Uređaj za duboko izvlačenje posudica***

**Procurement number*/Evidencijski broj nabave*:** 06/2021

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 “ *Sheet Metal Testing Machine*, procurement identification number 06/2021, 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 Uređaj za duboko izvlačenje posudica, evidencijski broj nabave 06/2021, 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:***

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

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

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