



CITY EYE HOSPITAL

SELF-DECLARATION FORM

I/We.....hereby declare;

- That the information given above is true and further state that I/We also understand the purchase of this form does not guarantee registration.
- That I/We are not insolvent/in receivership, bankrupt or being wound up, business activities not suspended/not subject to legal proceedings.
- That I/We have legal capacity to enter into contract.
- That I/We have fulfilled obligations to pay taxes/social security contributions.
- That if the legal, technical, financial position, or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your sole right to review the pre-qualification made.
- That I/We understand that I/We shall be disqualified should the information submitted here for purpose of seeking qualification be materially inaccurate or materially incomplete.
- That I/We give City Eye Hospital authority to seek any other references concerning my/Our Company from whatever sources deemed relevant.
- That if pre-qualified, I/we undertake to participate in submission of a tender or quotation when called upon to do so.

Name.....

Designation.....

Signature.....

Official rubber stamp.....

Date.....