**Instand-NGS4P**

**Integrated and Standardized NGS Workflows for Personalised Therapy**

# FINANCIAL SUBMISSION FORM for Phase 3

**TENDER IDENTIFIER:** *please complete*

**LOT NO.:** *please complete*

* Please complete a separate form for each Lot
* Please ensure compliance with the conditions stipulated in the RfT, 4.4 Financial Section, in particular
	+ 4.4 e) financial compensation clause
	+ Binding unit prices
* Financial offers for Phase 3 shall not exceed the maximum budget per Lot, as indicated in the RfT and should not exceed the budget forecast for Phase 3 as stated in the Phase 1 offer.

|  |
| --- |
| I, THE UNDERSIGNED (NAME AND SURNAME), AUTHORISED SIGNATORY OF THE TENDERER/LEAD TENDERER |
| As the [position] |
| Of the following legal entity (hereafter the “Tenderer”)[Legal Entity Full Name] |
| WITH REGISTERED OFFICE IN  |
| Street + number | Postal code | City | Country |
| E-mail: | Telephone no.:  |
| VAT registration number: |
| IF APPLICABLE: |
| Acting in the context of a Consortium together with the following entities: * xxx

In addition to the following subcontractors (if not applicable please delete) |
| **PHASE 3 OFFER - BINDING** |
| Total Price in EURO (“Actual price”) for Phase 3 (excluding VAT).  | XX XXX,XX € (amount in writing/letters) |
| **I, the undersigned, being the authorised signatory of the Tenderer/Lead Tenderer, therefore acting on behalf of any Consortium members and subcontractors, hereby declare to take responsibility for the R&D services described in Phase 3 of the Request for Tenders (Integration) and detailed in for the amount stated in this financial proposal.** |
| In addition, I recognize that the version of this Form is the official one and the only valid version under the Instand-NGS4P PCP. |
| Signature of the declarant, Stamp if available |
| Place, Date |

**Price breakdown:**