###### Annex No. 3

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| **Tender Cover Page for****the “Filling Line” order** |

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| ***Basic identification information of the contracting entity*** |
| **Name:** | DELIMAX a.s. |
| **Registered office:** | Bratislavská 1647/3, 695 01 Hodonín, Czech Republic |
| **Postal delivery address:** | Bratislavská 1647/3, 695 01 Hodonín, Czech Republic |
| **Company identification No.:** | 26916371 |
| **Tax identification No.:** | CZ26916371 |
| **Person authorized to act on behalf of the contracting entity:** | Ing. Jan Vrba, authorized agent |
| **Contact person:** | Ing. Stanislav Látal |
| **Tel., e-mail:** | 518 695 253, latal@delimax.cz |
| ***Basic identification information of the tenderer*** |
| **Name:** | (TO BE FILLED IN BY THE TENDERER) |
| **Registered office/place of business:** | (TO BE FILLED IN BY THE TENDERER) |
| **Postal delivery address:** | (TO BE FILLED IN BY THE TENDERER) |
| **Company identification No.:** | (TO BE FILLED IN BY THE TENDERER) |
| **Tax identification No.:** | (TO BE FILLED IN BY THE TENDERER) |
| ***Contact person for the order:*** |
| **Academic title, name, surname:** | (TO BE FILLED IN BY THE TENDERER) |
| **Tel:** | (TO BE FILLED IN BY THE TENDERER) |
| **E-mail:** | (TO BE FILLED IN BY THE TENDERER) |
| **Contact address:** | (TO BE FILLED IN BY THE TENDERER) |
| ***Person authorized to act on behalf of the tenderer:*** |
| **Name, surname, position and signature of the person authorized to act on behalf of the tenderer:** | (TO BE FILLED IN BY THE TENDERER) |
| **Date, signature and stamp:** | (TO BE FILLED IN BY THE TENDERER) |