**Appendix No. 4 to the Request for Bids No. 02/WPD104/2020**

####

#### ..................................., on .............. .............

 *(place) (date)*

**CONTRACTOR:**

……………………………………….

*(name/registered office/address/tax ID (NIP) of the Contractor)*

**AWARDING ENTITY:**

WPD Pharmaceuticals sp. z o. o.

ul. Żwirki i Wigury 101,

02-089 Warszawa

**LIST OF SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| L.p. | Study Indication | Study Phase | Number of Sites | Period of the service implementation | Name of the Contractor(if possible) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

Place ………………, on ……… ……..................................................

*(signature of the person(s) authorized to represent the Contractor)*