**Appendix No. 5 to Request for Bids No. 01/WPD107/2020**

#### ..................................., 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 PERSONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lp. | Name and surname of the Person | Education/Scientific Area | Professional Position (including QP) | Professional experience | Skills |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| … |  |  |  |  |  |

**Note: *the list must be accompanied by a valid Curriculum Vitae***

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

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