**STATEMENT ON NON-EXISTENCE OF CONFLICT OF INTEREST FOR CONTRACTING PROJECT PROMOTORS, BENEFICIARIES OF NORWAY GRANTS**

For representative/s and officials/members of Selection and Award Committee in the Procurement Procedure

**STATEMENT**

By which I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Name and surname]*

As representative (responsible person/official/Member of Selection and Award Committee\* *[underline, as appropriate]*) that carries out and/or participates in carrying out of the procurement procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *[Title and ref. no. of Procurement]*

As Contracting Project Promotor *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Name of Contracting Project Promotor]*

acting in accordance with Procurement Guidelines for Project Promotors - beneficiaries of Norway Grants, under Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirm that I am not in the Conflict of interest with the selected Bidder.**

By signing of this Statement I understand and accept that in case of establishing existence of conflict of interest, the procurement will be declared irregular and corresponding amount of grant will be cancelled at 100%.

I am obliged to take appropriate measures in order to avoid conflict of interest.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Place, date, signature]*