**Appendix B.6 Self-declaration of processed payment volume**

***Note:****The bidder or the consortium (including subcontractors, if applicable) must specify the payment volume processed by the company/ies over the period of the last three completed financial years.*

 *The specification of the processed payment volume for subcontractors is only mandatory within the context of reliance on the capacities of other entities if the bidder wishes to make use of this capacity of the subcontractor.*

**Please note:**

Comparable services in the present case are XXX.

[Name of the candidate/consortium]

**1. For the bid of a (single) bidder, please fill in the following table:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill in name of the bidder)

|  |  |  |  |
| --- | --- | --- | --- |
| Processed Payment Volume | Financial year: | Financial year: | Financial year: |
| bidder |  |  |  |
| Subcontractor 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Subcontractor 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Subcontractor 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Total |  |  |  |

**2. For the bid of a consortium, please fill in the following table:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill in name of the consortium)

|  |  |  |  |
| --- | --- | --- | --- |
| Processed Payment Volume | Financial year: | Financial year: | Financial year: |
| Company name | :\_\_\_\_\_ |  |  |
| (Company 1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| (Company 2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| (Company 3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Subcontractor 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Subcontractor 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Subcontractor 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Total: |  |  |  |

(In case the consortium consists of more than three (3) members or the bidder uses the capacities of more than three (3) subcontractors, please submit this form more than once.)

......................................................................................................

Place, date