**Annex No. 1: COVER SHEET FOR BID**

|  |  |
| --- | --- |
| Name of order | Insertion Loss and Return Loss Meter 2 wavelengths  Insertion Loss and Return Loss Meter 4 wavelengths |
| Type of order | Delivery |
| Place of contract implementation | OPTOKON, a.s., Červený Kříž 250, 586 01 Jihlava |

1. **Applicant's identification data**

The Applicant is to complete the table below with data in force on the date the tender was submitted.

|  |  |
| --- | --- |
| ITEM | INFORMATION REQUIRED BY THE APPLICANT |
| Company name |  |
| Legal form |  |
| Registered Office |  |
| Address for mail delivery  (If different from the company address) |  |
| Identification number |  |
| Tax identification No. |  |
| Person authorized to act on behalf of the Applicant |  |
| Contact person |  |
| Phone, fax |  |
| e-mail, www |  |
| Part of the contract - A) or B) |  |

1. **Evaluation criteria**

The applicant must indicate the required values below.

|  |  |
| --- | --- |
| Price without VAT |  |
| Delivery time in weeks from signing the contract |  |

All these values are final and cannot be changed.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized person