**Invitation to Tender** **Appendix G – Lead Party Acknowledgement**

**For the supply, installation, and maintenance of a Mobility Hubs solution**

**Project REF: DN651617**

**Commencing: 14 February 2023**

**Contract term: 24 months + 12-month optional extension**

**Procedure: Open**

**Tender submission deadline: 03 April 2023**

Appendix G - Lead Party acknowledgment

## Notes and instructions to Tenderer

This acknowledgement form must be completed and returned electronically, with the ITT Tender submission where the Tenderer intends to express interest as a Consortium.

The form must be signed and completed by an authorised representative of the Lead Party and each Party and returned by the Tender Submission Deadline.

Tenderers are referred to the ITT for details about completion and the Tender Submission Deadline.

We the undersigned confirm that we are the actual/proposed members of the Consortium arrangement referred to in the ITT Tender Submission.

We confirm that the Lead Party referred to below is authorised to act as our representative in all matters relating to this Tender and as such is obliged to provide undertakings and enter into legally binding obligations on our behalf.

|  |
| --- |
| Tenderer |
| Name of Tenderer (Consortium name, if applicable): |
| Lead Party |
| Name of organisation:  |  |
| Contact name |  |
| Contact address |  |
| Contact email |  |
| Contact telephone |  |
| Parties (i.e. Lead Party and each proposed or actual member of the Consortium (Party) |
| Signed by  | [signature] |
| Name | [print full name] |
| Position | [confirm position in organisation] |
| For and on behalf of | [state organisation name] |
| Date |  |
|  |
| Signed by  | [signature] |
| Name | [print full name] |
| Position | [confirm position in organisation] |
| For and on behalf of | [state organisation name] |
| Date |  |
|  |
| Signed by  | [signature] |
| Name | [print full name] |
| Position | [confirm position in organisation] |
| For and on behalf of | [state organisation name] |
| Date |  |
|  |

|  |  |
| --- | --- |
| Signed by  | [signature] |
| Name | [print full name] |
| Position | [confirm position in organisation] |
| For and on behalf of | [state organisation name] |
| Date |  |
|  |