# Annex 5tender IBE/176/2019

**The list of experience, referred to in point 4.2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lp.** | **Expert****(First and last name)** | **Project name/****Title of the study** | **Topics covered (reference to validation practitioners - requirements, competences)** | **Place and Date of publication*(if***  ***applicable)*****Range national/international** | **Client****(full name, address)*****(if applicable)*** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

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*(place, date) (signature of the Contractor,*

*and in the case of an entity submitting*

*the offer - position, company stamp, signature*

*of the person or persons authorized to represent*

*the Contractor)*