

## **Sworn Affidavit and Authorisation**

A2 II.IS-DP-BOZP-33 Valid since 19.1.2024

I declare that the people who perform works for the following company/freelancer:

Business name: Registered office:		
Company Reg. No.:		
MEROCO, a.s., Pol'nose spol. s r.o., BPS Hubice, duly re-trained in and far related to the job they do	ervis, a.s., RT LOGISTIC, a.s., ENAGRO, a.s. s. r. o.) are fit and competent to do their job miliarised with occupational health and safe o.	ce at Trnavská cesta, Leopoldov: ENVIRAL, a.s., s., Centrum výskumu a vývoja, s. r. o., A2 EXIM, s and have been, pursuant to legislation in force, ty and fire protection rules and the risks that are
performance of these ac		achines and other aids that are used during the ficates and if required, they have undergone an
related to the issuance of		entative of the Performer of Works in the tasks fined Spaces in line with the guideline: II.IS-DP-npanies in force:
Name and surname of authorised person: Name and surname of authorised person:	Sign	ature:
	Sign	ature:
Name and surname of authorised person:	Sign	ature:
Name and surname of authorised person:	Sign	ature:
	I am aware of the fact that I shall face all the if I have provided false information	
In	On:	
Affiant:		Signature:
	Name and surname of a statutory body of the Contractor/freelancer or a person authorised	
	by them	