



Declaration of professional qualification for the provision of services

Data of the company representative

Surnames, first name (*)			ID / Passport (*)
Adress (*)			
City (*)	Province / Country (*) (1)	Postal code (*)	Gender <input type="checkbox"/> man <input type="checkbox"/> women <input type="checkbox"/> non-binary

Company data

Company name (*)		ID / Tax ID (*)
Adress (*)		
City (*)	Province / Country (*) (1)	Postal code (*)

Prestació proposada sobre la que es declara l'habilitació professional (*)

I declare myself responsible

- ☐ I have sufficient capacity to act and possess the necessary authorization to carry out the proposed provision.
- ☐ That I am not in any prohibition to hire the execution of the reference contract with the Amposta City Council, in accordance with article 71 of Spanish Law 9/2017, of November 8, on public sector contracts.
- ☐ That (myself or the company I represent) I am aware of compliance with tax obligations and with Spanish Social Security, as well as not having tax debts in an executive period with Amposta's City Council. I also authorize the City Council of Amposta to obtain by electronic means of this verification.

In accordance with the new General Data Protection Regulation, or "RGPD" (EU Regulation 2016/679), **the person responsible** for collecting and processing your data is the **City Council of Amposta**, Pl. Ajuntament, 3-4, 43870-Amposta. The **purpose** is to be able to provide the services and management of municipal procedures. The data will not be transferred to third parties, except legal obligation. You may **exercise your rights** of access, rectification, cancellation and opposition by writing to the Amposta City Council, or by e-mail to **ajuntament@amposta.cat**. The inaccuracy, falsity or omission in the data, or the non-presentation of it, determine the impossibility of exercising the affected activity from the moment in which it is registered, without prejudice to the legal procedures, (article 38 of Law 26/2010, of August 3, on the legal and procedural regime of administrations). For more information you can consult our **new privacy policy** (www.amposta.cat/politica-de-privacidad).

- ☐ I give consent so that my data can be processed for the aforementioned purpose.

Request date (dd/mm/yyyy) (*)	Site (*)	Signing of the representative
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(*) Required input fields.

(1) **Province/Country:** Indicate the country only in the case of addresses located outside Spain. For the rest indicate the province.