**Order Form**

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| EULEX Kosovo,  Arbënor and Astrit Dehari St., No. 24, P.O. Box: 268  10000 Pristina, Kosovo,  ("The Contracting Authority") | Works Order Number: *<insert number of Order>* | | | | Implementing Framework Contract ReferenceNumber: *<insert reference number>* | | |
| *<insert the name and contact details of the Contractor>* (“the Contractor”) | | | | | | |
|  | Date: <insert date> | | | | | | |
| In accordance with Article 5 “Other specific conditions applying to the Contract” of the Framework Contract, the Contracting Authority is requesting the following works from your company: | | | | | | | |
| **Description of the Works** | | **Unit** | | **QTY** | | **Price (EUR)** | **Total (EUR)** |
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| **TOTAL** | | | | | | |  |
| Order of precedence of contract documents:   1. Framework contract (including all annexes) 2. Works Order and its special conditions 3. Annexes (if applicable) | | | | | | | |
| Additional Information (if any): | | | | | | | |
| Delivery location (if applicable): | | | | | | | |
| Start date of implementation: | | | | | | | |
| End date of implementation: | | | | | | | |
| Unless otherwise specified in the special conditions this Order Form is governed by the General Conditions for works as published on the internet at <https://wikis.ec.europa.eu/display/ExactExternalWiki/Annexes#Annexes-AnnexesD(Ch.5):Works> | | | | | | | |
| Invoices shall mention the number of this Works Order and should be send to: *<Insert the contact details of the Project Manger>.* Unless other specified, the invoices shall be admissible if the Contractor return a signed copy of this Order Form. | | | | | | | |
| Tax and customs arrangements:This contract shall be exempt from all duties and taxes, including VAT.  *The EULEX Kosovo) is a diplomatic mission and according to UNMIK Executive Decision No 2008/36 of 9 December 2008 and Republic of Kosovo Law Nr. 03/L-033 Articles 3.2 b) and 5.8, it is granted exemption from all customs duties, taxes, and related charges other than charges for storage, cartage and similar services, on articles for its official use.* | | | | | | | |
| By signing below both parties declare that they accept this Order Form in its entirety as well as the content and order of priority of the documents listed above which constitute an integral part of this Order Form. | | | | | | | |
| Signature of the Contracting Authority:  Name:  Date: | | | Signature of Contactor  Name:  Date: | | | | |