**Annex to: Request for Information for preliminary market consultation**

**on Artillery 155 mm Ammunition.**

**[Template] Reply to EDA RFI on Artillery 155 mm (NATO Calibre) Ammunition**

Company Name: …………………………….

 Postal address: ……………………………..

 Point Of Contact (POC) Name …………………………………

 email ………………………………

 Phone no. …………………..

|  |  |  |
| --- | --- | --- |
| **Info No** | **Description** | **Detail** |
| 1. | Summary of your production capacity and the percentage of subcontracted parts |  |
| 2. | Experience in supplying the 155 mm artillery (NATO calibre) All-Up-Rounds (fuze, projectile, propelling charge, primer) High Explosive (HE) and High Explosive Extended Range (HE-ER) |  |

| Ref. to Info No | **DETAILS** | **155 mm (NATO calibre) All-up-round components** |
| --- | --- | --- |
| Fuse | Projectile | Propelling Charge | Primer |
|  | Product Identification | Type/ Name |  |  |  |  |
| Abbreviation |  |  |  |  |
| NATO Stock Number/NSN, if any |  |  |  |  |
| Remarks |  |  |  |  |
| 3. | Compliance with the JMBOU [Y/N] |  |  |  |  |
| 4. | Qualification in accordance with NATO standards  | [Yes/No] |  |  |  |  |
| If **Yes -**  please mention the NATO standard ((STANAG) |  |  |  |  |
| Remarks |  |  |  |  |
| 5. | Compatibility with the artillery weapon systems 155 mmm (NATO calibre)  | **PzH2000** | [Y/N] |  |  |  |  |
| If Yes, please specify the certification received | Certificate Of System Compatibility/CoSC (or equivalent) |  |  |  |  |
| Authority that issued the CoSC (or equivalent) and year |  |  |  |  |
| Remarks |  |  |  |  |
| **CAESAR** | [Y/N] |  |  |  |  |
| If Yes, please specify the certification received | Certificate Of System Compatibility/CoSC (or equivalent) |  |  |  |  |
| Authority that issued the CoSC (or equivalent) and year |  |  |  |  |
| Remarks |  |  |  |  |
| **KRAB** | [Y/N] |  |  |  |  |
| If Yes, please specify the certification received | Certificate Of System Compatibility/CoSC (or equivalent) |  |  |  |  |
| Authority that issued the CoSC (or equivalent) and year |  |  |  |  |
| Remarks |  |  |  |  |
| **ZUZANA** | [Y/N] |  |  |  |  |
| If Yes, please specify the certification received | Certificate Of System Compatibility/CoSC (or equivalent) |  |  |  |  |
| Authority that issued the CoSC (or equivalent) and year |  |  |  |  |
| Remarks |  |  |  |  |
| 6. | Average annual turnover in the last three years of closed accounts. | EUR |

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|  |  |  |
| --- | --- | --- |
| Date of signature | Name and title/position | Signature |
|  |  |  |