



Multi Modal Transport Solutions Ltd, Registered Office,
58 Craigmill Gardens
Carnoustie
Angus
DD7 6HU

K.A. Mr. Brian Masson

Object: confirmation of your bid for EU feasibility study for EPTA (1241R4-EPTA) Project

Brescia 31/01/2013

A.L.O.T. s.c.a.r.l. hereby confirms your offer for the realization of the **EPTA (1241R4-EPTA) CUP E84112000130006** for the collection of best practice of business plan and definition of the basic elements to be used for your Feasibility Study.

Work Required	No of Days
Identify current working practices in the areas involved in Feasibility Study -	2
Identify National and Regional Regulations that will govern the scope for PTA	2
Establish objectives for each area PTA (modes to be covered, timescales)	2
Source examples of best practice from other areas throughout world to cover the EPTA 7 pillars that will be used to provide the structure for proposed PTA	5
Carry out the analysis on the data collected from the survey and interpret the results.	4
Provide Good Practice Report to provide basis for Business Plan Phase of Project.	5
Provide consultancy support throughout the duration of the study and to compile the technical and strategic information obtained from the study. Providing Monthly reports to client on progress. Also, where required SKYPE or other virtual meetings may be required to discuss issues	2
Ensure the project is completed in accordance with timelines set out by ALOT (Task will be completed by 30th April 2013).	

Total Cost for all services offered is.....**7,000 Euro all costs included+VAT if applicable**

ALOT will pay on the basis of the reports related to working progress and a regular invoice, 30days from end of month of invoice date, in two tranches:

- on the 15th of March: draft of the "Good Practice Report to provide basis for Business Plan Phase of Project"
- on the 30th of April: final report

Please insert in your invoice the following datas: **EPTA (1241R4-EPTA) CUP E84112000130006, CIG 48869094E1.**

A.L.O.T. s.c.a r.l.
AGENZIA DELLA LOMBARDIA ORIENTALE PER I TRASPORTI E LA LOGISTICA
AGENCY OF EAST LOMBARDY FOR TRANSPORTS AND LOGISTICS
Via Cipro, 16 · I- 25124 Brescia · Italy
Tel +39/030/2477956 - Fax +39/030/2427735
E-mail info@alot.it · Web <http://www.alot.it>
P.IVA e C.F. 03057190989

For the validity of this acceptance, please give this back countersigned and with the following documents:

- a copy of VAT registration document (if applicable) and if not a copy of some official document (official gazette, company register etc.), showing the name of the legal entity, the address of the head office and the registration number given to it by the national authorities
- delegation to the signing of the contract (if it is not signed by the individual named in the Register of Companies)
- a model attesting to the regular contributions of the company
- All. 1 filled in compliance with L. 136/2010 E 217/2010 Legislation on traceability of payment for contracts for works, supplies and services to Italian public entities
- Authorization (implicit returning this signed) to the publication of your details ((bid, offer confirmation) as per out art. 18 dl 83/2012 (Transparency)

Thank you very much for your cooperation.

Best regards

Il Direttore di A.L.O.T. s.c.a.r.l.
(Guido Piccoli)



All. 1 Self-certification Form

The undersigned _____ born in _____ on _____

Tax code: _____ home town: _____ street/n° _____

Legal Representative of the Company: _____

Headquarter: street/n° _____ town _____ ZIP code _____

Registered Office: street/n° _____ town _____ ZIP code _____

Tax code: _____ VAT NUMBER: _____

Tel. _____ Fax. _____ Email: _____

In relation to Leg. 136/2010 e 217/2010 Legislation on traceability of payment for contracts for works, supplies and services to Italian public entities, referring to your supplies to us, **DECLARES**

to assume all obligations to traceability of payment, as per Leg.3, Law 13 August 2010, n. 136 and following modifications/integrations; **COMMUNICATES**

1. The Bank Account Number reserved to contracts for works, supplies and services to Italian public entities

is:

IBAN: _____ BANK: _____

BANK OFFICE: _____

2. People authorized to act on this bank account are:

NAME SURNAME	PLACE AND DATE OF BIRTH

Signature and stamp
