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|  | | **1. Annexe n°1 à l’acte d’engagement – identite cotraitants** |
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| Objet : | **Fourniture de produits pharmaceutiques** | |
| N° Consultation | 2024002 | |
| N° Marché | **2024002\_00\_0\_0** | |

Contractants n°2

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| Madame  Monsieur | | | | Nom | | |  | | | | | | | | Prénom | | |  | | | | | | Qualité | | |  | | | | | |
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| Agissant pour mon propre compte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Au nom et pour le compte de la société[[1]](#footnote-1) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Ayant son siège social à  (ou demeurant à) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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Contractants n°3

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| Madame  Monsieur | | | | Nom | | |  | | | | | | | | Prénom | | |  | | | | | | Qualité | | |  | | | | | |
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| Agissant pour mon propre compte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Au nom et pour le compte de la société[[2]](#footnote-2) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Ayant son siège social à  (ou demeurant à) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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Contractants n°4

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| Agissant pour mon propre compte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Au nom et pour le compte de la société[[3]](#footnote-3) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Madame  Monsieur | | | | Nom | | |  | | | | | | | | Prénom | | |  | | | | | | Qualité | | |  | | | | | |
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| Au nom et pour le compte de la société[[4]](#footnote-4) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Ayant son siège social à  (ou demeurant à) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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Haut du formulaire

1. Intitulé complet et forme juridique de la société [↑](#footnote-ref-1)
2. Intitulé complet et forme juridique de la société [↑](#footnote-ref-2)
3. Intitulé complet et forme juridique de la société [↑](#footnote-ref-3)
4. Intitulé complet et forme juridique de la société [↑](#footnote-ref-4)