### *Part A. Identification of the applicant and if applicable other organisation(s) participating in the project*

### *A.1 Organization*

|  |  |
| --- | --- |
| Partner number |  |
| PIC number |  |
| Role in the application | Applicant Organization Partner Organization |
| Full name of the organization in Latin characters |  |
| Business name |  |
| Registration date |  |
| Registration location |  |
| Registration country code |  |

### *Registered address*

|  |  |
| --- | --- |
| Street name and number |  |
| Town |  |
| Post code |  |
| PO box |  |
| CEDEX |  |
| Country |  |
| Region |  |
| Internet address |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

### *A.2 Person responsible for the management of the application (contact person)*

|  |  |
| --- | --- |
| Title |  |
| Family name |  |
| First name |  |
| Role in the organization |  |
| E-Mail address |  |

### *Address*

|  |  |
| --- | --- |
| Street name and number |  |
| Town |  |
| Post code |  |
| PO box |  |
| CEDEX |  |
| Country |  |
| Region |  |
| Internet address |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

### *A.3 Person authorized to represent the organization in legally binding agreements (legal representatives)*

|  |  |
| --- | --- |
| Title |  |
| Family name |  |
| First name |  |
| Department/Faculty |  |
| Role in the organization |  |
| E-Mail address |  |

### *Address*

|  |  |
| --- | --- |
| Street name and number |  |
| Town |  |
| Post code |  |
| PO box |  |
| CEDEX |  |
| Country |  |
| Region |  |
| Internet address |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

### *Part B. Organization and activities*

*B.1 Structure*

|  |  |
| --- | --- |
| Status |  |
| Non Profit Organization |  |
| NGO |  |
| Type of organization |  |

### *B.1 Aims and activities of the organization*

Please provide a short presentation of your organization (key activities, affiliations etc.) relating to the domain covered by the project (MAX. 1000 characters)

|  |
| --- |
|  |

Please describe the role of the organization in the project. (Max. 1000 characters)

|  |
| --- |
|  |

### *B.3 Other EU grants*

Please list the projects for which the organization, or the department responsible for the management of this application, has received financial support from the EU Programme during the last three years.

|  |  |  |  |
| --- | --- | --- | --- |
| Programme or initiative | Reference number | Beneficiary Organization | Title of the project |
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