**Please answer to the following questions**

**C.2 Partner Organisation**

**PIC:**

**C.2.2 Accreditation ( if applicable)**

**Type:**

**Reference:**

**2.3. Background and Experience**

1. Please briefly present the partner organization.
2. What are the activities and experience of the organization in the areas relevant for this application?
3. What are the skills and expertise of key staff/persons involved in this application?

**C.2. Legal Representative**

|  |  |
| --- | --- |
| **Title** |  |
| **Gender** |  |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |
|  If address different from the one of the organization please fill the following |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O Box** |  |
| **Post Code** |  |
| **Cedex** |  |
| **City**  |  |
| **Telephone 2** |  |