**PARTNER IDENTIFICATION FORM**

**Organization**

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| PIC number : |  |
| Full name of the organisation in Latin characters : |  |
| Business name : |  |
| Status : |  |
| Non Profit Organisation : |  |
| NGO : |  |
| Type of organisation \* : |  |
| Registration date : |  |
| Registration location : |  |
| Registration country code : |  |
| Street name and number : |  |
| Postcode: |  |
| Town: |  |
| Country: |  |
| Region: |  |
| Internet address: |  |
| Telephone 1: |  |
| Telephone 2: |  |
| Fax: |  |

**Legal representative / contact person**

|  |  |
| --- | --- |
| Title: |  |
| Family name: |  |
| First name: |  |
| Role in the organization: |  |
| e-mail address: |  |
| Street name and number : |  |
| Postcode: |  |
| Town: |  |
| Country: |  |
| Region: |  |
| Internet address: |  |
| Telephone 1: |  |
| Telephone 2: |  |
| Fax: |  |

**Aims and activities of the organisation**

*Please provide a short presentation of your organisation (key activities, affiliations, size of the organisation, etc.) relating to the area covered by the project.* (limit 2000 characters\*)*.*

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*Please describe also the role of your organisation in the project.* (limit 1000 characters)*.*

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**Operational capacity: Skills and expertise of key staff involved in the project / network**

*Please add lines as necessary.*

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| **Names of staff members of the APPLICANT organisation** | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.* |
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