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|   |
|  Partner organization |
| PIC |  |
| Full legal name (National language) |  |
| Full legal name (Latin characters) |  |
| Acronym |  |
| National ID number (if applicable) |  |
| Department (if applicable) |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX(Onl for france) |  |
| City |  |
| Webpage |  |
| Email |  |
|  Telephone 1 |
|  Telephone 2 |
|  Fax |
| Profile |  |
| Type of organization |  |
|  Is the partner organization a public body? |  |
| Is the partner organization a non-profit? |  |

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| Accreditation |
| Has the organization recieved any type of accreditation before submitting this appliaction? |
| Accreditation Type | Accreditation Reference |
|  |  |
| **Background and Experience** |
| Please briefly present the partner organization. |
|  |
| What are the activities and experience of the organization in the areas relevant for this application? |
|  |
| What are the skills and expertise of key staff/persons involved in this application? |
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| Legal respresentative |
| Title |  |
| Gender  |  |
| First name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

|  |
| --- |
| Contact Person |
| Title |  |
| Gender  |  |
| First name |  |
| Family name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |