****

#### Organization details

|  |  |
| --- | --- |
| **PIC** |  |
| **Full legal name (National Language)** |  |
| **Full legal name (Latin characters)** |  |
| **Acronym** |  |
| **Number Registration (TAX CODE)** |  |
| **TAX Identification** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Post Code** |  |
| **CEDEX** |  |
| **City** |  |
| **Website** |  |
| **Email** |  |
| **Telephone 1** |  |
| **Telephone 2** |  |
| **Fax** |  |
| **Profile** |
| **Type of Organisation** |  |
| **Is your organisation a public body?** |  |
| **Is your organisation a non-profit?** |  |
| **Accreditation** |
| **Has the organisation received any type of accreditation before submitting this application?** |  |
| **Accreditation Type and Reference** |  |
| **Background and Experience** |
| **Please briefly present your organisation.** | **.** |
| **What are the activities and experience of your organisation in the areas relevant for this application?** |  |
| **Please give information on the key staff/persons involved in this application and on the competences and previous experience that they will bring to the project. (Please provide the profiles of at least 3 experts within your organization-max 8 lines for each profile)?** |  |
| **Why do you wish to be partner of this project?** |  |
| **What kind of contribution you could provide to this project?** |  |
| **Legal Representative** |
| **Title** |  |
| **Gender** |  |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |
|  |  |
|  | **Contact person** |
| **Contact person** |
| **Title** |  |
| **Gender** |  |
| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Position** |  |
| **Email** |  |
| **Telephone 1** |  |

|  |
| --- |
| The application form shall be sent to:**info@futurodigitale.org** |