|  |  |
| --- | --- |
| PARTNER INFORMATION | |
| PIC |  |
| Promoter’s legal name (national language) |  |
| Promoter’s legal name (latin characters) |  |
| Acronym |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| City |  |
| Web site |  |
| Email |  |
| Telephone |  |
| Fax |  |
| Profile | |
| Type of Organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit? |  |
| **Acreditation** | |
| Has the organizacion recivied eny tipe of acreditation before subliming this aplication? (*write acreditation type and acreditation referencis*) |  |

|  |  |
| --- | --- |
| INFORMATION FOR MANDATE | |
| **full official name of partner organisation** |  |
| **official legal status or form** |  |
| **official registration No** |  |
| **full official address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **VAT number** | |  | |
| **forename, surname, function of the legal representative of the mandating partner organisation** | |  | |
| Background and Experience (please describe in more details) | | | |
| **Please briefly present your organisation.** |  | | |
| **What are the activities and experience of your organisation in the areas relevant for this application?*(Give examples of the areas)*** |  | | |
| **What are the skills and expertise of key staff/persons in your organization that will be involved in this project?** |  | | |
| Legal Representative | | | |
| Title |  | | |
| Gender |  | | |
| Family name |  | | |
| First name |  | | |
| Department |  | | |
| Position |  | | |
| Email |  | | |
| Telephone |  | | |
| If the address is different from the one of the organisation, please tick this box and fill the row below | | |
| Full address |  | | |