# PART C.2. – Partner organisation

|  |  |
| --- | --- |
| PIC |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| Acronym |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Address |  |
| Country |  |
| P.O. Box |  |
| Post Code |  |
| CEDEX |  |
| City |  |
| Website |  |
| Email |  |
| Telephone 1 |  |
| Fax |  |

**C.2.1. Type of Organisation**

|  |  |
| --- | --- |
| Is your organisation a public body? |  |
| Is your organisation a non-profit? |  |

**C.2.2. Accreditation**

Has your organisation received any type of accreditation before submitting this application?

|  |  |
| --- | --- |
| Accreditation Type  | Accreditation Reference |
|  |  |

**C.2.3. Background and Experience**

Brief presentation of partner organisation.

|  |
| --- |
|  |

**C.2.4. Legal Representative**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| **If the address is different from the one of the organisation, please write it here:** (address, postal code, city, country) |  |

**C.2.5. Contact Person**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| **If the address is different from the one of the organisation, please write it here:** (address, postal code, city, country) |  |