|  |  |  |
| --- | --- | --- |
| European-Commission-Logo-square.jpg | | |
| 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? |  | |

|  |  |
| --- | --- |
| Accreditation | |
| Has the organization recieved any type of accreditation before submitting this appliaction? | |
| Accreditation Type |  |
| HOSTING AND SENDING |  |
| **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 |  |
|  |  |