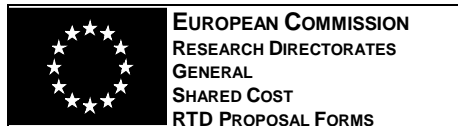


Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

FOR COMMISSION USE ONLY

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Proposal Acronym ⁵Proposal No ⁶**A3. Participant Profile/Information (1 form per participant) ²³****Legal information on the participating organisation**

Participant Role ²⁴	CR	Participant No ²⁵	0	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	Fratelli Alinari Idea Spa				
Short Name ²⁹	ALINARI	Legal Registration No ³⁰	11771		
Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	SPA
Business Area ³⁴ (NACE)	22	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
Is Your Organisation independent ⁴¹ ?					Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴				I	
				I	
				I	

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Fratelli Alinari Idea Spa				
PO Box ¹¹					
Street Name and Number	Largo Alinari 15				
Post Code ¹²	50123	Cedex ¹³			
Town/City	Florence				
Country Code ¹⁴	I	Country Name ¹⁴	Italy		

Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	De Polo			
First Name	Andrea			
Telephone No ¹⁵	(39-055)2395201	Fax No ¹⁵	(39-055)2382857	
E-mail	Andrea@alinari.it			

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY) 04/05/2000

Signature of authorised person