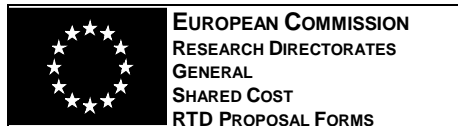


Shared Cost RTD Proposal Form – Form A3



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	AC	Participant No ²⁵	0	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	CONSORCIO CIVITA				
Short Name ²⁹	CC	Legal Registration No ³⁰	8744/90		
Activity Type ³¹	REC	Legal Status ³²	PNP	If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)	74	User/Supplier ³⁵ (U/S)	U	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 type="checkbox"/> X <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	CONSORZIO CIVITA				
PO Box ¹¹					
Street Name and Number	Via del Corso 300				
Post Code ¹²	00186	Cedex ¹³			
Town/City	Rome				
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	Savarese			
First Name	Nicolò			
Telephone No ¹⁵	(39-06)69203211	Fax No ¹⁵	(39-06)6796467	
E-mail	savarese@civita.it			

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

Date (DD/MM/YYYY) 11/04/2000

Signature of authorised person