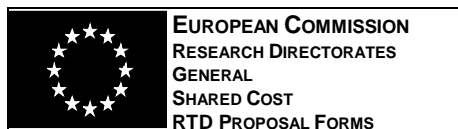


Shared Cost RTD Proposal Form – Form A3



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	Lansmuseet pa Gotland				
Short Name ²⁹	LMG	Legal Registration No ³⁰	834000-1042		
Activity Type ³¹	OTH	Legal Status ³²		If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S4
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	Lansmuseet pa Gotland				
PO Box ¹¹					
Street Name and Number	Mellangatan 19				
Post Code ¹²	S-62156	Cedex ¹³			
Town/City	Visby				
Country Code ¹⁴	S	Country Name ¹⁴	Sweden		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Deputy Director	Gender ⁸	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Westholm			
First Name	Gun			
Telephone No ¹⁵	(49-8)292705	Fax No ¹⁵	(49-8)292729	
E-mail	gun.westholm@gotmus-i.se			

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

Date (DD/MM/YYYY) 27/04/2000

Signature of authorised person