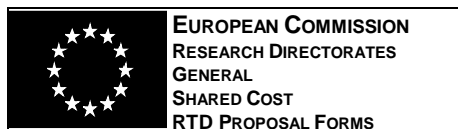


## Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

FOR COMMISSION USE ONLY

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

Participant Role <sup>24</sup>	AC	Participant No <sup>25</sup>	0	Assistant to Contractor No <sup>26</sup>	
Registration No with the European Commission's Research Programmes <sup>27</sup>					
Organisation Legal Name <sup>28</sup>	Instituto Andaluz de Tecnologia				
Short Name <sup>29</sup>	IAT	Legal Registration No <sup>30</sup>	G-41389248		
Activity Type <sup>31</sup>	OTH	Legal Status <sup>32</sup>	PNP	If 'PRC', Specify <sup>33</sup>	
Business Area <sup>34</sup> (NACE)	74	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)	FF

**Organisation details <sup>37</sup>**

Annual turnover <sup>38</sup>	T1	Annual Balance Sheet Total <sup>39</sup>	B1	Number of employees <sup>40</sup>	S3
Is Your Organisation independent <sup>41</sup> ?					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 <sup>42</sup>					
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?					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) <sup>44</sup>					I
					I
					I

**Address of the main department carrying out the work <sup>45</sup>**

Department/ Institute Name <sup>10</sup>	Information Technology Department				
PO Box <sup>11</sup>					
Street Name and Number	Johann G. Gutenberg, S/N				
Post Code <sup>12</sup>	41092	Cedex <sup>13</sup>			
Town/City	Sevilla				
Country Code <sup>14</sup>	E	Country Name <sup>14</sup>	Spain		

**Authorised person <sup>46</sup>**

Title (Dr, Prof., ...)				Gender <sup>8</sup>	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Iglesias					
First Name	Javier					
Telephone No <sup>15</sup>	(34-95)4468010	Fax No <sup>15</sup>	(34-95)4460407			
E-mail	iglesias@iat.es					

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