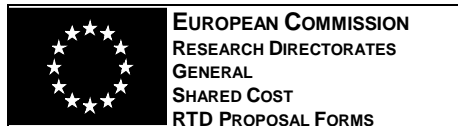


Shared Cost RTD Proposal Form – Form A3



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	
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Registration No with the European Commission's Research Programmes ²⁷

Organisation Legal Name ²⁸	Kungl. Vetenskapsakademien
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Short Name ²⁹	KVA	Legal Registration No ³⁰	262000-1129
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Activity Type ³¹	HES	Legal Status ³²		If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S4
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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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"/>
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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	Royal Swedish Academy of Science, Centre for History of Science		
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PO Box ¹¹	50005
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Street Name and Number	Lilla Frescativägen 4
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Post Code ¹²	10405	Cedex ¹³	
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Town/City	Stockholm
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Country Code ¹⁴	S	Country Name ¹⁴	Sweden
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Grandin
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First Name	Karl
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Telephone No ¹⁵	(46-8)6739616	Fax No ¹⁵	(46-8)6739598
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E-mail	karlg@kva.se
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.	
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Date (DD/MM/YYYY)	08/05/2000
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Signature of authorised person	
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