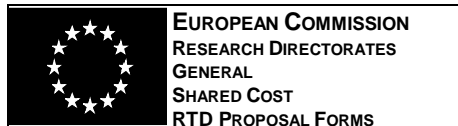


## Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

FOR COMMISSION USE ONLY

--

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>	Stedelijke Musea Mechelen
---------------------------------------	---------------------------

Short Name <sup>29</sup>	MECH	Legal Registration No <sup>30</sup>	
--------------------------	------	-------------------------------------	--

Activity Type <sup>31</sup>	OTH	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
-----------------------------	-----	----------------------------	-----	---------------------------------	--

Business Area <sup>34</sup> (NACE)	93	User/Supplier <sup>35</sup> (U/S)	U	Cost Basis <sup>36</sup> (FC / FF / AC)	FF
------------------------------------	----	-----------------------------------	---	---	----

#### Organisation details <sup>37</sup>

Annual turnover <sup>38</sup>	NA	Annual Balance Sheet Total <sup>39</sup>	B1	Number of employees <sup>40</sup>	S3
-------------------------------	----	--	----	-----------------------------------	----

Is Your Organisation independent <sup>41</sup> ?		Y		N	<input checked="" type="checkbox"/>
--	--	---	--	---	-------------------------------------

If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>	City of Mechlin (Mechelen)

Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?		Y		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>	Stedelijke Musea Mechelen
--	---------------------------

PO Box <sup>11</sup>	
----------------------	--

Street Name and Number	Minderbroedersgang 5
------------------------	----------------------

Post Code <sup>12</sup>	2800	Cedex <sup>13</sup>	
-------------------------	------	---------------------	--

Town/City	Mechelen
-----------	----------

Country Code <sup>14</sup>	B	Country Name <sup>14</sup>	Belgium
----------------------------	---	----------------------------	---------

#### Authorised person <sup>46</sup>

Title (Dr, Prof., ...)	Director - Curator	Gender <sup>8</sup>	F	<input checked="" type="checkbox"/>	M	
------------------------	--------------------	---------------------	---	-------------------------------------	---	--

Family Name	De Nijn
-------------	---------

First Name	Heidi
------------	-------

Telephone No <sup>15</sup>	(32-015)294036	Fax No <sup>15</sup>	(32-015)294031
----------------------------	----------------	----------------------	----------------

E-mail	heidi.de.nijn@pandora.be
--------	--------------------------

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	
--------------------------------	--