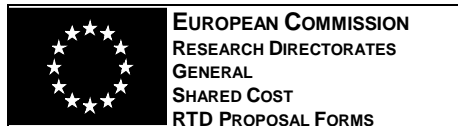


Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

FOR COMMISSION USE ONLY

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

Participant Role ²⁴	CR	Participant No ²⁵	0	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Motorola Technology Center Italy
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Short Name ²⁹	MOT	Legal Registration No ³⁰	720307
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Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	S.A.
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Business Area ³⁴ (NACE)	32	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC
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Organisation details ³⁷

Annual turnover ³⁸	T3	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S4
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Is Your Organisation independent ⁴¹ ?	Y	N	<input checked="" type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	MOTOROLA, INC

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	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	Motorola Technology Center Italy
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PO Box ¹¹	
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Street Name and Number	Via P.C. Boggio, 65/A
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Post Code ¹²	10138	Cedex ¹³	
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Town/City	Turin
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Country Code ¹⁴	I	Country Name ¹⁴	Italy
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Director	Gender ⁸	F	<input checked="" type="checkbox"/>	M	
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Family Name	Tavakoli
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First Name	Nassrin
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Telephone No ¹⁵	(39-011)4405311	Fax No ¹⁵	(39-011)4405343
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E-mail	Nassrin_Tavaloki-A39AA0@email.mot.com
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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
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Signature of authorised person	
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