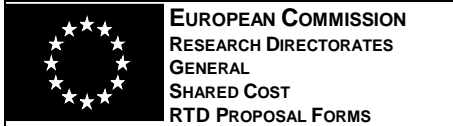


## Shared Cost RTD Proposal Form – Form A3



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>	Naturhistorika riksmuseet
---------------------------------------	---------------------------

Short Name <sup>29</sup>	NRM	Legal Registration No <sup>30</sup>	SE202100112401
--------------------------	-----	-------------------------------------	----------------

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)	AC
------------------------------------	----	-----------------------------------	---	---	----

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

Annual turnover <sup>38</sup>	T2	Annual Balance Sheet Total <sup>39</sup>	NA	Number of employees <sup>40</sup>	S5
-------------------------------	----	--	----	-----------------------------------	----

Is Your Organisation independent <sup>41</sup> ?	Y	<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>	Museum Shop
--	-------------

PO Box <sup>11</sup>	50007
----------------------	-------

Street Name and Number	Frescativägen 40
------------------------	------------------

Post Code <sup>12</sup>	10405	Cedex <sup>13</sup>	
-------------------------	-------	---------------------	--

Town/City	Stockholm
-----------	-----------

Country Code <sup>14</sup>	S	Country Name <sup>14</sup>	Sweden
----------------------------	---	----------------------------	--------

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

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

Family Name	Lindahl
-------------	---------

First Name	Per
------------	-----

Telephone No <sup>15</sup>	(46-8)51955188	Fax No <sup>15</sup>	(46-8)51955141
----------------------------	----------------	----------------------	----------------

E-mail	susanne.wadeborn@nrm.se
--------	-------------------------

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

Date (DD/MM/YYYY)	05/05/2000
-------------------	------------

Signature of authorised person	
--------------------------------	--