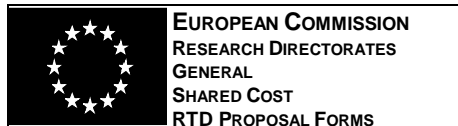


## Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

FOR COMMISSION USE ONLY


Proposal Acronym <sup>5</sup>		Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

#### Legal information on the participating organisation

Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	0	Assistant to Contractor No <sup>26</sup>	
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Registration No with the European Commission's Research Programmes <sup>27</sup>	
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Organisation Legal Name <sup>28</sup>	Österreichische Nationalbibliothek
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Short Name <sup>29</sup>	ONB	Legal Registration No <sup>30</sup>	
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Activity Type <sup>31</sup>	OTH	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
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Business Area <sup>34</sup> (NACE)	75	User/Supplier <sup>35</sup> (U/S)	U	Cost Basis <sup>36</sup> (FC / FF / AC)	AC
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#### 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>	S5
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Is Your Organisation independent <sup>41</sup> ?	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 <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"/>
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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>	Portraitsammlung, Bildarchiv und Fideikommißbibliothek		
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PO Box <sup>11</sup>	
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Street Name and Number	Josefsplatz 1		
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Post Code <sup>12</sup>	1015	Cedex <sup>13</sup>	
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Town/City	Wien		
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Country Code <sup>14</sup>	A	Country Name <sup>14</sup>	Austria
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#### Authorised person <sup>46</sup>

Title (Dr, Prof., ...)	Dr.	Gender <sup>8</sup>	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Petschar		
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First Name	Hans		
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Telephone No <sup>15</sup>	(43-1)53410459	Fax No <sup>15</sup>	(43-1)53410331
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E-mail	
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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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