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Signature of authorised person

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

Proposal Acronym ⁵	Proposal No ⁶									
A3.	Parti	icipant Profile/Inf	ormatio	ON (1 for	m per pa	rticipa	nt) ²³	•		
Legal information on	the parti	cipating organisation								
Participant Role 24	AC	Participant No 25	0	Assistant to Contractor No ²⁶						
Registration No with th	e Europea	n Commission's Researc	h Program	mes ²⁷						
Organisation Legal Name ²⁸	Royal	Institution of	Cornwa	ll, Ro	yal Co	rnwa	11	Mus	eum	
Short Name 29	RCM		Legal Re	Registration No ³⁰ 221958						
Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³						
Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U / s)	U	Cost Basis ³⁶ (FC / FF / AC)					FF	
Organisation details		1		1					1	
Annual turnover ³⁸	T1	Annual Balance Sheet T	otal 39	NA Number of employees ⁴				es ⁴⁰	S3	
Is Your Organisation in	dependen	t ⁴¹ ?					Y	Х	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²										
Is Your Organisation af	filiated to	any other participant(s) i	n the prop	osal ⁴³ ?			Y		N	X
If Yes, please indicate	e						1	I		
Participant No, Short Name(s) and character of affiliations(s)								I		
(D / I) ⁴⁴								I		
	departme	ent carrying out the wo	rk ⁴⁵							
Department/ Institute Name ¹⁰	Royal Institution of Cornwall, Royal Cornwall Museum									
PO Box ¹¹										
Street Name and Number	River	Street								
Post Code ¹²	TR1 23	SJ C	Cedex ¹³							
Town/City	Truro	·			·					
Country Code ¹⁴	UK	Country Name ¹⁴ U:	nited Ki	ngdom						
Authorised person ⁴⁶	1						1	172	1	
Title (Dr, Prof.,)					Gender ⁸	3	F	X	М	
Family Name	Daniel									
First Name	Tamsin									
Telephone No ¹⁵	(44-1872)272205 Fax No ¹⁵ (44-1872)240514									
E-mail	t.daniel@royal-cornwall-museumk.freeserve.co.uk									
I certify that the above		on is accurate and that my	y organisat	tion has ag	reed to pa	articipa	te in	this	propo	sal.
Date (DD/MM/YYYY)	08/05,									