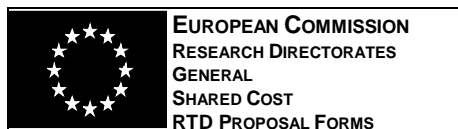


Shared Cost RTD Proposal Form – Form A3



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	AC	Participant No ²⁵	0	Assistant to Contractor No ²⁶							
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Systema Informatics SA										
Short Name ²⁹	SI	Legal Registration No ³⁰	EL095573125								
Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	SA						
Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF						
Organisation details ³⁷											
Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3						
Is Your Organisation independent ⁴¹ ?								Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?								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) ⁴⁴								I	<input type="checkbox"/>		
							I	<input type="checkbox"/>			
							I	<input type="checkbox"/>			
Address of the main department carrying out the work ⁴⁵											
Department/ Institute Name ¹⁰	Systema Informatics SA										
PO Box ¹¹											
Street Name and Number	215 Mesogion Av.										
Post Code ¹²	11525	Cedex ¹³	N/A								
Town/City	Athens										
Country Code ¹⁴	EL	Country Name ¹⁴	Greece								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>					
Family Name	Davarakis										
First Name	Constantinos										
Telephone No ¹⁵	(30-1)6743243	Fax No ¹⁵	(30-1)6755649								
E-mail	costas@systema.gr										
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											