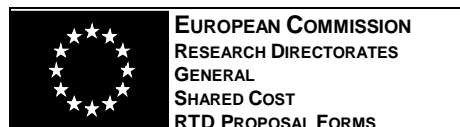


Shared Cost RTD Proposal Form – Form A3



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							
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Stockholms universitet										
Short Name ²⁹	SUL			Legal Registration No ³⁰							
Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³							
Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	AC						
Organisation details ³⁷											
Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S7						
Is Your Organisation independent ⁴¹ ?								Y	X	N	
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		N	X
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	Stockholms universitetsbibliotek										
PO Box ¹¹											
Street Name and Number											
Post Code ¹²	10691			Cedex ¹³							
Town/City	Stockholm										
Country Code ¹⁴	S	Country Name ¹⁴	Sweden								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Chief librarian				Gender ⁸	F		M	X		
Family Name	Sahlin										
First Name	Gunnar										
Telephone No ¹⁵	(46-8)162819			Fax No ¹⁵	(46-8)157776						
E-mail	gunnar.sahlin@sub.su.se										
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											