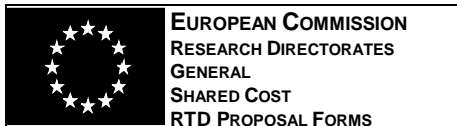


Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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FOR COMMISSION USE ONLY

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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		Participant No ²⁵		Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸					
Short Name ²⁹			Legal Registration No ³⁰		
Activity Type ³¹		Legal Status ³²		If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)		User/Supplier ³⁵ (U/S)		Cost Basis ³⁶ (FC / FF / AC)	

Organisation details ³⁷

Annual turnover ³⁸		Annual Balance Sheet Total ³⁹		Number of employees ⁴⁰				
Is Your Organisation independent ⁴¹ ?					Y		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	
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴				

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰			
PO Box ¹¹			
Street Name and Number			
Post Code ¹²		Cedex ¹³	
Town/City			
Country Code ¹⁴		Country Name ¹⁴	

Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F		M	
Family Name						
First Name						
Telephone No ¹⁵			Fax No ¹⁵			
E-mail						

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.						
Date (DD/MM/YYYY)						
Signature of authorised person						