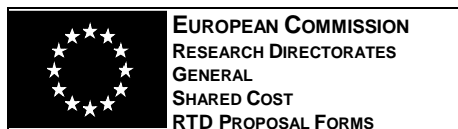


## Shared Cost RTD Proposal Form – Form A3



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>							
Registration No with the European Commission's Research Programmes <sup>27</sup>											
Organisation Legal Name <sup>28</sup>	Zeus Consulting S.A.										
Short Name <sup>29</sup>	ZEUS			Legal Registration No <sup>30</sup>	094348366						
Activity Type <sup>31</sup>	OTH	Legal Status <sup>32</sup>	PRC	If 'PRC', Specify <sup>33</sup>	S.A.						
Business Area <sup>34</sup> (NACE)	72	User/Supplier <sup>35</sup> (U/S)	U	Cost Basis <sup>36</sup> (FC / FF / AC)				FC			
Organisation details <sup>37</sup>											
Annual turnover <sup>38</sup>	T1	Annual Balance Sheet Total <sup>39</sup>	B1	Number of employees <sup>40</sup>	S3						
Is Your Organisation independent <sup>41</sup> ?								Y	X	N	
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		N	X
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>	Zeus Consulting S.A.										
PO Box <sup>11</sup>											
Street Name and Number	Trade Centre Georgiou Square and Riga Feraiou 93 Street										
Post Code <sup>12</sup>	26221			Cedex <sup>13</sup>							
Town/City	Patras										
Country Code <sup>14</sup>	EL	Country Name <sup>14</sup>	Greece								
Authorised person <sup>46</sup>											
Title (Dr, Prof., ...)					Gender <sup>8</sup>	F		M	X		
Family Name	Bogonikolos										
First Name	Nikos										
Telephone No <sup>15</sup>	(30-61)623483			Fax No <sup>15</sup>	(30-61)272425						
E-mail	zeus@zeus.pat.forthnet.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											