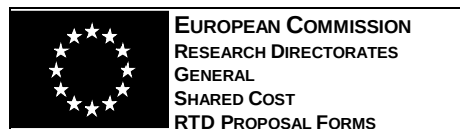


Shared Cost RTD Proposal Form – Form A3



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		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		
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									