

PARTNER IDENTIFICATION Form (PIF)

A. PARTNER ORGANISATION	
PIC	PIC: Organisation ID:
Full legal name (National Language)	
Full legal name (Latin characters)	
Acronym	
National ID (if applicable)	ID number: VAT number:
Department (if applicable)	
Address (Street and number)	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Website	
Email	
Telephone 1	
Telephone 2	
Fax	
B. PROFILE	
Type of Organization	
Is the partner organization a public body?	
Is the partner organization a non-profit?	
C. ACCREDITATION	
Has the organization received any type of accreditation before submitting this application?	
Has the organization received/applied for any EU grants?	
D. BACKGROUND AND EXPERIENCE	
<p>Please briefly present the partner organization.</p>	

<p>What are the activities and experience of the organization in the areas relevant for this application?</p>	
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<p>What are the skills and expertise of key staff/persons involved in this application?</p>	
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E. LEGAL REPRESENTATIVE	
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Title	
Gender	
First Name	
Family Name	
Department	
Position	
Email	
Telephone 1	
Address	
Country	
Region	
P.O. Box	
Post Code	
CEDEX	
City	
Telephone 2	

Person responsible for the project:

Title:

Family Name:

First Name :

Department / Faculty:

Role in the organization*:

E-mail address *: