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| --- | --- | --- | --- | --- | --- |
| **A. PARTNER ORGANISATION** | | | | | |
| **PIC** | | | |  | |
| **OID** | | | |  | |
| Full legal name(National Language) | | | |  | |
| Full legal name (Latin characters) | | | |  | |
| Acronym | | | |  | |
| National ID (if applicable) | | | |  | |
| Address (Street and number) | | | |  | |
| Country | | | |  | |
| Region | | | |  | |
| P.O. Box | | | |  | |
| Post Code | | | |  | |
| CEDEX | | | |  | |
| City | | | |  | |
| Websites | | | |  | |
| Email | | | |  | |
| Telephone 1 | | | |  | |
| Telephone 2 | | | |  | |
| **B. PROFILE** | | | | | |
| Type of Organisation | | | | |  |
| Is the partner organisation a public body? | | | | |  |
| Is the partner organisation a non-profit? | | | | |  |
| **C. ACCREDITATION** | | | | | |
| Has the organisation received any type of accreditation before submitting this application? | | |  | | |
|  | | |  | | |
| **D. BACKGROUND AND EXPERIENCE** | | | | | |
| Please briefly present the partner organisation. |  | | | | |
| What are the activities and experience of the organisation in the areas relevant for this application? |  | | | | |
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|  | | | | |
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| **E. LEGAL REPRESENTATIVE-CONTACT PERSON** | | | | | |
|  | |  | | | |
| Gender | |  | | | |
| First Name | |  | | | |
| Family Name | |  | | | |
| Department | |  | | | |
| Position | |  | | | |
| Email | |  | | | |
| Telephone 1 | |  | | | |
| Address | |  | | | |
| Country | |  | | | |
| Region | |  | | | |
| P.O. Box | |  | | | |
| Post Code | |  | | | |
| CEDEX | |  | | | |
| City | |  | | | |
| Telephone 2 | |  | | | |