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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? |  |
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| **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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| **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 |  |