Applicant’s ID

**PIC NO**

|  |
| --- |
| Applicant Details  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| Acronym |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| City |  |
| Website |  |
| Email |  |
| Telephone 1 |  |
| Telephone 2 |  |
| Fax |  |

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| --- |
| Background & Experience |
| Type of Organization |  |
| Is the partner organization a public body? |  |
| Is the partner organization a non-profit? |  |
| Has the organization received any type of accreditation before submitting this application? |  |
| Accreditation Type  |  |
| Accreditation Reference |  |
|  |  |
| Please briefly present your organization |  |
| What are the activities and experience of the organization in the areas relevant for this application? |  |
| What are the skills and expertise of key staff/persons involved in this application? |  |

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| Legal Representative |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |
| If the address is different from the one of the organization, please complete the following info… |  |
| Address |  |
| Country |  |
| Region |  |
| P.O. Box |  |
| Post Code |  |
| City |  |
| Telephone 2 |  |