

Identification sheet

Name of ETC consortium partner: _____

Legal status¹: _____

Address: _____

Tel: _____

Fax: _____

E-mail _____

Name and function of legal representative (authorised to sign): _____

Contact person: _____

VAT/other registration No: _____

I, the undersigned, declare that the above information is correct and complete.

Name and function of legal representative (authorised to sign): _____

Signature: _____

Date and place: _____

¹ E.g., governmental organisation; private company (e.g., S.A.R.L., GmbH, plc, etc.), non-governmental organisation, etc.