# **Partner Organisation**

|  |  |
| --- | --- |
| Organisation Full Legal Name |  |
| PIC |  |
| OID |  |
| ECHE (IF UNIVERSITY) |  |
| Website |  |

# **Profile**

|  |  |
| --- | --- |
| Type of Organisation |  |
| Is the partner organisation a public body? |  |
| Is the partner organisation a non-profit? |  |

## **Legal Representative:**

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Last Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone |  |

|  |
| --- |
| **Contact Person** |

|  |  |
| --- | --- |
| Title |  |
| Gender |  |
| First Name |  |
| Family Name |  |
| Department |  |
| Position |  |
| Email |  |
| Telephone 1 |  |

Deadline for delivering the form: 10/12/2021