**Please read the instructions below carefully**

**Instructions**

1. This identification form shall be submitted for all economic operators (Coordinator and Study partners) stated in the cover letter (annex 1).
2. Fill out information in the column to the right.
3. You may not change any part of the form.
4. No information outside of indicated fields is allowed.
5. If requested by EFI, you must be able to prove the information entered in the form.
6. Sign where indicated.

**REF NO: G-01-2021**

**TITLE: EFI NETWORK FUND, TOWARDS A HARMONISED EUROPEAN FOREST MONITORING SYSTEM**

**IDENTIFICATION FORM**

|  |  |  |
| --- | --- | --- |
| **1** | **Official name**  |  |
| **2** | **Acronym** |  |
| **3** | **Official legal form** |  |
| **4** | **Registration number** |  |
| **6** | **Domicile, incl postal address and country**  |  |
| **7** | **Name of representative authorized to sign on behalf of the economic operator** |  |
| **8** | **Title** |  |
| **9** | **Name of contact person** |  |
| **10** | **E-mail of contact person** |  |
| **11** | **Telephone number of contact person** |  |

**At EFI’s request I will provide evidence of all information entered in this form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

*Representative authorized to sign on behalf of the economic operator, as stated in section 7 above*