**Please read the instructions below carefully**

**Instructions**

1. Fill out the applicable form
2. This identification form shall be submitted for all Applicants listed in Annex 1.
3. All fields must be filled out unless indicated with *where applicable*.
4. You may not change any part of the form.
5. No information outside of indicated fields is allowed.
6. If requested by EFI, you must provide documentation to support the information entered in the form.

**LEGAL ENTITY**

|  |  |  |
| --- | --- | --- |
| **1** | **Official name**  |  |
| **2** | **Abbreviation** |  |
| **3** | **Official legal form** |  |
| **4** | **Registration number** |  |
| **6** | **Country of establishment/incorporation** |  |
| **7** | **Address** |  |
| **8** | **Name and title of representative authorised to sign on behalf of the organisation in relation to this application and the grant agreement** |  |
| **9** | **Name of contact person** |  |
| **10** | **E-mail of contact person** |  |
| **11** | **Telephone number of contact person** |  |

Only for consortia:

|  |  |  |
| --- | --- | --- |
| **12** | **Role in application: Coordinator or Partner** |  |

At EFI’s request I will provide documentation to support the information entered in this form.

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

**Signature**

Authorised representative as stated in field 8

**Individual**

|  |  |  |
| --- | --- | --- |
| **1** | **Name** |   |
| **2** | **Residency (country)** |  |
| **3** | **Address** |  |
| **4** | **E-mail** |  |
| **5** | **Telephone** |  |
| **6** | **Passport number** |  |

Only for consortia:

|  |  |  |
| --- | --- | --- |
| **7** | **Role in application: Coordinator or Partner** |  |

At EFI’s request I will provide documentation to support the information entered in this form.

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

**Signature**