

LEGAL ENTITY

PRIVACY STATEMENT

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities_en.cfm#en

PUBLIC ENTITY

LEGAL FORM	
NAME(S)	
ABBREVIATION	
OFFICIAL ADDRESS	
POSTCODE	P.O. BOX
TOWN / CITY	
COUNTRY	
VAT N°	
IF THIS FIELD IS COMPLETED, PLEASE ATTACH AN OFFICIAL VAT DOCUMENT PLACE OF REGISTRATION	
DATE OF REGISTRATION	
D D M M Y Y Y Y REGISTRATION N°	
PHONE	FAX
E-MAIL	
THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED, SIGNED, STAMPED AND RETURNED TOGETHER WITH: - A COPY OF THE RESOLUTION, LAW, DECREE OR DECISION ESTABLISHING THE ENTITY IN QUESTION; - OR, FAILING THAT, ANY OTHER OFFICIAL DOCUMENT ATTESTING TO THE ESTABLISHMENT OF THE ENTITY BY THE NATIONAL AUTHORITIES	
DATE	STAMP
NAME + FUNCTION OF AUTHORISED REPRESENTATIVE	
Caroline Sjöberg, University director	
SIGNATURE	