



LEGAL ENTITIES FORM

TYPE OF ORGANIZATION	<input type="text"/>		
NGO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Non-Governmental Organisation)
NAME(S)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
ABBREVIATION	<input type="text"/>		
OFFICIAL ADDRESS	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
POSTCODE	<input type="text"/>	P.O. BOX	<input type="text"/>
TOWN/CITY	<input type="text"/>		
COUNTRY	<input type="text"/>		
TAX No*	<input type="text"/>		
PLACE OF REGISTRATION	<input type="text"/>		
DATE OF REGISTRATION	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D D	MM	Y Y Y Y
REGISTRATION No**	<input type="text"/>		
PHONE	<input type="text"/>	FAX	<input type="text"/>
E-MAIL	<input type="text"/>		

* NIP FOR POLISH BENEFICIARIES/YHΠ FOR BELARUSIAN BENEFICIARIES/TAX NUMBER FOR UKRAINIAN BENEFICIARIES (N/A IF NOT APPLICABLE)

** REGON FOR POLISH BENEFICIARIES/ YHΠ FOR BELARUSIAN BENEFICIARIES/ ΕΔΡΠΟΥ FOR UKRAINIAN BENEFICIARIES

DATE:	STAMP
NAME + FUNCTION OF AUTHORISED REPRESENTATIVE	
SIGNATURE	