**ADMINISTRATIVE IDENTIFICATION FORM**

ORGANIZATION NAME:

ABBREVIATION/ACRONYM (IF ANY):

LEGAL STATUS:

NAME, SURNAME AND POSITION OF THE RESPONSIBLE PERSON REPRESENTING AND ACTING ON BEHALF OF THE ORGANIZATION:

ADDRESS:

POSTAL CODE AND CITY:

TELEPHONE:

FAX:

E-MAIL:

WEBSITE:

\_\_\_\_\_\_\_\_\_, \_\_\_/\_\_\_/2025

(place, date) (name and surname, signature, stamp)