## FUNDING APPLICATION Section 1

**A.** Identification information (will be completed into the platform)

## A.1. Coordinator

Name							
Legal representative							
Position							
Legal form				CUI			
Address				Town / Distri	ct		
Registration Year							
Web site							
Principal investigator							
First name			Last name			CNP	
UEF –ID (identification							
number			Position				
<u>www.brainmap.ro</u> )							
Tel.			Email				

## A.2. Partner(s)

Name					
Legal representative					
Position					
Registration Year		CUI			
No. Trade register					
Main CAEN code			Research CAEN code		
Address			Town / District		
Organization type					
Registration Year					
Year of the last financial	year				
Average annual number of employees					
Net annual turnover					
Total Assets					
Website					
Partner leader					
First name		Last name		CNP	
UEF –ID (identification					
number		Position			
www.brainmap.ro					
Tel.		Email			