

APPLICATION FOR PREPARATORY OR TEST ACTIONS (PAGE 1 / 2)

Subject of Preparatory Action / Test Action*

Aim*

Methodology*

Duration:* _____ / _____
Start Date End Date

Place of Conduct*

Documentation and Reporting results*

APPLICATION FOR PREPARATORY OR TEST ACTIONS (PAGE 2 / 2)

CONTACT PERSON

Mrs Mr Ms

First Name*

Surname*

Email*

Phonenumber*

Address*

Postal Code*

Town*

Country*

Website (if available)

Please fill in the section below if you are applying in the name of an organisation or initiative?

ORGANISATION / INITIATIVE

Name of Organisation / Initiative*

Type of legal entity*

Your Function in Organisation / Initiative*

Main aims and activities of the Organisation / Initiative:*

Date founded*

Number Of Employees*

Annual Budget*

Non Profit Organisation*

Yes

No

I state that all data given is true. Data given will be used only in scope of community seed bank academy project.

Signature