

# BENEFICIARY DATA FOR H2020

## Who we are

### Legal Data

Participant Identity Code (PIC): - 999572294  
Participant legal name: - UNIWERSYTET WARSZAWSKI  
Participant short name: - UNIWARSAW  
Status of validation: - VALIDATED

### Legal address

Street name: - Krakowskie Przedmiescie  
Number: - 26/28  
Town: - Warsaw  
Post code / Cedex: - 00-927  
Country: - Poland  
Internet homepage: - www.uw.edu.pl

### Registration data of the participant

Legal registration number: - 000001258  
Place of registration: - WARSAW  
Date of registration: - 15-12-1975  
VAT number: - PL5250011266  
Legal form: - Higher Education Establishment

### Legal Entity Appointed Representative (LEAR)

Family name: - Pustula  
First name: - Diana  
Phone (1): - +48-22-5524214  
Phone (2): - +48-22-5520743  
Email: - diana@adm.uw.edu.pl  
Fax: - +48-22-5524200

### Status of your organisation

Natural person - No  
**Legal person** - **Yes**  
    **Non-profit** - **Yes**  
        Research organisation - **Yes**  
    **Public body** - **Yes**  
        International organisation  
            International organisation of European interest - No  
    **Secondary and higher education establishment** - **Yes**  
Enterprise  
    SME - No

### Indirect costs

Standard flat rate (25%) - **Yes**

## Authorised representatives

### First authorised representative to sign the grant agreement....

Family name: DUSZCZYK  
First name: MACIEJ  
Title: Professor  
Gender: M  
Position in the organisation: Vice-Rector  
Department: n/a  
Address: *(the same as the legal address)*  
Street name -  
Number -  
Town -  
Postal code / Cedex -  
Country -  
Phone (1): +48-22-5520350  
Phone (2):  
Email: m.duszczyk@uw.edu.pl  
Fax: +48-22-5524021

### Second authorised representative to sign the grant agreement....

Family name: PALYS  
First name: Marcin  
Title: Prof.  
Gender: M  
Position in the organisation: Rector  
Department: n/a  
Address: *(the same as the legal address)*  
Street name -  
Number -  
Town -  
Postal code / Cedex -  
Country -  
Phone (1): +48-22-5520355  
Phone (2): +48-22-5520342  
Email: rektor@adm.uw.edu.pl  
Fax: +48-22-5524000

## How to contact us *(data to be provided by the relevant Faculty/Extrafaculty Unit)*

**Person in charge of administrative, legal and financial aspects in this project *(contact data of the administrative person at the Unit level)***

Family name: -  
First name: -  
Title: -  
Gender: -  
Position in the organisation: -

Department: -  
Address:  
    Street name -  
    Number -  
    Town -  
    Postal code / Cedex-  
    Country - Poland  
Phone (1): - +48-  
Phone (2): -  
Email: -  
Fax: -

**Person in charge of scientific and technical aspects in this project ([contact data of the scientist in charge of the project](#))**

Family name: -  
First name: -  
Title: -  
Gender: -  
Position in the organisation: - Professor  
Department; - Faculty of  
Address:  
    Street name -  
    Number -  
    Town - Warsaw  
    Postal code / Cedex-  
    Country - Poland  
Phone (1): - +48-  
Phone (2): -  
Email: -  
Fax: - +48

## A2.3

### Authorised representatives

#### First authorised representative to sign the grant agreement....

Family name: - DUSZCZYK  
First name: - MACIEJ  
Title: - Professor  
Gender: - M  
Position in the organisation: - Vice-Rector  
Department; - n/a  
Address: - *(the same as the legal address)*  
    Street name -  
    Number -  
    Town -  
    Postal code / Cedex -  
    Country -  
Phone (1): - +48-22-5520350  
Phone (2): -  
Email: - m.duszczyk@uw.edu.pl  
Fax: - +48-22-5524021

#### Second authorised representative to sign the grant agreement....

Family name: - PALYS  
First name: - Marcin  
Title: - Prof.  
Gender: - M  
Position in the organisation: - Rector  
Department; - n/a  
Address: - *(the same as the legal address)*  
    Street name -  
    Number -  
    Town -  
    Postal code / Cedex -  
    Country -  
Phone (1): - +48-22-5520355  
Phone (2): - +48-22-5520342  
Email: - rektor@adm.uw.edu.pl  
Fax: - +48-22-5524000

## **A2.4:**

### **How to contact us (*data to be provided by the relevant Faculty*)**

#### **Person in charge of administrative, legal and financial aspects in this project**

Family name: -  
First name: -  
Title: -  
Gender: -  
Position in the organisation: -  
Department; -  
Address: -  
    Street name -  
    Number -  
    Town -  
    Postal code / Cedex -  
    Country - Poland  
Phone (1): - +48-  
Phone (2): -  
Email: -  
Fax: - +48-

#### **Person in charge of scientific and technical aspects in this project**

Family name: -  
First name: -  
Title: -  
Gender: -  
Position in the organisation: -  
Department; -  
Address: -  
    Street name -  
    Number -  
    Town - Warsaw  
    Postal code / Cedex -  
    Country - Poland  
Phone (1): - +48-  
Phone (2): -  
Email: -  
Fax: - +48-

## **A2.5:**

### **Our commitment**

Participant legal name: - Uniwersytet Warszawski  
Family name of authorised representative: - Palys  
First name: - Marcin

### **OR**

Family name of authorised representative: - Duszczyk  
First name: - Maciej