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: -
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