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 - Yes
International organisation of European interest - No
Secondary and higher education establishment - Yes
Enterprise - No
SME - No

Indirect costs
Standard flat rate (25%) - Yes
### Authorised representatives

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name:</td>
<td>LALAK</td>
</tr>
<tr>
<td>First name:</td>
<td>ZYGMUNT</td>
</tr>
<tr>
<td>Title:</td>
<td>Professor</td>
</tr>
<tr>
<td>Gender:</td>
<td>M</td>
</tr>
<tr>
<td>Position in the organisation:</td>
<td>Vice-Rector</td>
</tr>
<tr>
<td>Department:</td>
<td>n/a</td>
</tr>
<tr>
<td>Address:</td>
<td><em>(the same as the legal address)</em></td>
</tr>
<tr>
<td>Street name - Number - Town - Postal code / Cedex - Country - Phone (1):</td>
<td>+48-22-5520350</td>
</tr>
<tr>
<td>Phone (2):</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:zygmunt.lalak@fuw.edu.pl">zygmunt.lalak@fuw.edu.pl</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>n/a</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Family name:</td>
<td>NOWAK</td>
</tr>
<tr>
<td>First name:</td>
<td>ALOJZY Z.</td>
</tr>
<tr>
<td>Title:</td>
<td>Professor</td>
</tr>
<tr>
<td>Gender:</td>
<td>M</td>
</tr>
<tr>
<td>Position in the organisation:</td>
<td>Rector</td>
</tr>
<tr>
<td>Department:</td>
<td>n/a</td>
</tr>
<tr>
<td>Address:</td>
<td><em>(the same as the legal address)</em></td>
</tr>
<tr>
<td>Street name - Number - Town - Postal code / Cedex - Country - Phone (1):</td>
<td>+48-22-5520355</td>
</tr>
<tr>
<td>Phone (2):</td>
<td>+48-22-5520342</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:rektor@adm.uw.edu.pl">rektor@adm.uw.edu.pl</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### 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)**

<table>
<thead>
<tr>
<th>Item</th>
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<tr>
<td>Family name:</td>
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<tr>
<td>Title:</td>
<td>-</td>
</tr>
<tr>
<td>Gender:</td>
<td>-</td>
</tr>
<tr>
<td>Position in the organisation:</td>
<td>-</td>
</tr>
</tbody>
</table>
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: LALAK
First name: ZYGMUNT
Title: Professor
Gender: M
Position in the organisation: Vice-Rector
Department: n/a
Address: (the same as the legal address)
Phone (1): +48-22-5520350
Phone (2): -
Email: zygmunt.lalak@fuw.edu.pl
Fax: n/d

Second authorised representative to sign the grant agreement:

Family name: NOWAK
First name: ALOJZY Z.
Title: Professor
Gender: M
Position in the organisation: Rector
Department: n/a
Address: (the same as the legal address)
Phone (1): +48-22-5520355
Phone (2): +48-22-5520342
Email: rektor@adm.uw.edu.pl
Fax: n/d
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: - Nowak
First name: - Alojzy Z.

OR

Family name of authorised representative: - Lalak
First name: - Zygmunt