BENEFICIARY DATA FOR HORIZON EUROPE

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:                         | - n/a             |

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: LALAK
First name: ZYGMUNT
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: zygmunt.lalak@fuw.edu.pl
Fax: n/a

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)
Street name -
Number -
Town -
Postal code / Cedex -
Country -
Phone (1): +48-22-5520355
Phone (2):
Email: rektor@adm.uw.edu.pl
Fax: n/a

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: - LALAK
First name: - ZYGMUNT
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: - 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)
    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: - 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