

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: zygunt.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: -

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: - 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: - zygmont.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