



Application Form Eindhoven Engine OpenCall 2019

Submit this form with the required documents to:
office@eindhovenengine.nl

Submission is only valid after confirmation receipt from
 Eindhoven Engine

1. Lead applicant

Organisation

You also need to supply the data of the other applicants	Name organisation:			
	Department:			
	Postal address:			
	Postal/ZIP code:		City:	
	Country:			
	Visiting address:			
	Postal/ZIP code:		City:	
	Country:			
	Bank account:		Bank:	
	Registration number Chamber of Commerce:		Legal entity:	
	Year of inscription:			
If your organization is exempt from VAT you can consider VAT paid as costs.	Is your organization:	<input type="checkbox"/> Not VAT exempt <input type="checkbox"/> VAT exempt		
	Is your organization:	<input type="checkbox"/> COM: Company	<input type="checkbox"/> GOV: Government	
		<input type="checkbox"/> PO: Public education and/or public research organization	<input type="checkbox"/> OTH: Other:	
Has a request for a moratorium on payments for your organization, for bankruptcy, or for declaring a debt restructuring scheme been submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No Clarify:			

Contact person lead applicant

Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
Title(s):		
Function:		
Phone:		
E-mail address:		

2. Other applicants

	Name	COM	PO	Gov	Other
Applicant 2:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 3:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 4:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 5:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 6:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 7:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Project

	Project name:				
	Project acronym: max. 20 characters				
	Start date project:	- -	Expected end date project:	- -	
Details regarding requested public funding needs to be given in the budget form	Total project cost:	€	Requested Eindhoven Engine contribution:	€	
	Has public funding been requested and/or granted for this project or parts thereof?	<input type="checkbox"/> yes, namely:		<input type="checkbox"/> no	
		Total funding: €			

4. Signature

The undersigned declares that all the documents required for the application are attached and that he/she is familiar with the conditions and procedures of Eindhoven Engine. It is also declared that in case of acceptance of the project proposal by the Eindhoven Engine, the project will be executed as proposed.

Thus completed truthfully:

This person shall be entitled to sign on behalf of the lead applicant	Name:				
	Function:				
	Organization:				
	Date:	- -	City:		
	Signature:				

Attachments

Your application is only complete and can be processed if all attachments for your application are enclosed	<input type="checkbox"/> Details of each other applicant with authorization of the lead applicant to submit the application on behalf of the consortium (see next pages)
	<input type="checkbox"/> Annex A: Completed Eindhoven Engine project proposal (according to template)
	<input type="checkbox"/> Annex B: Completed Eindhoven Engine budget form (according to template)

Data applicant 2 (copy form in case of more applicants)

Organization

	Name organization:			
	Department:			
	Postal address:			
	Postal/ZIP code:		City:	
	Country:			
	Visiting address:			
	Postal/ZIP code:		City:	
	Country:			
	Bank account:		Bank:	
	Registration number Chamber of Commerce:		Legal entity:	
	Year of inscription:			
	If your organization is exempt from VAT you can consider VAT paid as costs.	Is your organization:	<input type="checkbox"/> Not VAT exempt	<input type="checkbox"/> VAT exempt
Is your organization:		<input type="checkbox"/> COM: Company	<input type="checkbox"/> GOV: Government	
		<input type="checkbox"/> PO: Public education and/or public research organization	<input type="checkbox"/> OTH: Other:	
Has a request for a moratorium on payments for your organization, for bankruptcy, or for declaring a debt restructuring scheme been submitted?		<input type="checkbox"/> Yes Clarify:	<input type="checkbox"/> No	

Contact person applicant

	Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		
	Title(s):			
	Function:			
	Phone:			
	E-mail address:			

Permission applicant 2:

Hereby, the undersigned authorizes [name lead applicant] to submit the project [project title] to Eindhoven Engine and to carry out further correspondence thereon.

Thus completed truthfully:

This person shall be entitled to sign on behalf of the applicant	Name:			
	Function:			
	Date:	- -	City:	
	Signature:			