Proposal Submission Form

EUROPEAN COMMISSION
7th Framework Programme on Research, Technological Development and Demonstration

Collaborative project
Large-scale
Integrating Project

A2.1: Participants

Proposal Number	000000	Proposal Acronym	ConnectME	Participant Number	9

If your organisation has already registered for FP7, enter your Participant Identification Code: 995940517

Organisation Legal name	Noterik BV
Organisation short name	NOTERIK

Administrative Data

Legal address

Street name	Prins Hendrikkade	Number	120
Town	Amsterdam	Postal Code/Cedex	1001 MD
Country	NL		

Internet homepage: www.noterik.com

Status of your Organisation

Certain types of organisations benefit from special conditions under the FP7 participation rules.

The Commission also collects data for statistical purposes.

The guidance notes will help you complete this section.

The status of the organisation is set by the proposal coordinator. If you would like to modify this information, the coordinator must modify it in the proposal set-up page

Non-profit organisation	no
Public body	no
Research organisation	no
Higher or secondary education establishment	no

Main area of activity (NACE code)

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A2.2: Participants

1. Is your number of employees smaller than 250? (full time equivalent)	yes
2. Is your annual turnover smaller than € 50 million?	yes
3. Is your annual balance sheet total smaller than € 43 million?	yes
4. Are you an autonomous legal entity?	no

You are NOT an SME if your answer to question 1 is "NO"
and/or your answer to both questions 2 and 3 is "NO".
In all other cases, you might conform to the Commission's definition of an SME.
Please check the additional conditions given in the guidance notes to the forms

Following this check, do you conform to the Commission's definition of an SME: yes

Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal?

no

if Yes:

Participant Number	Organisation Short Name	Character of dependence
0	-	None
0	-	None
0	-	None

Contact Point

Person in charge (For the co-ordinator (participant number 1) this person is the one who the Commission will contact in the first instance)

Family name	VAESSEN	First name(s)	SIEM
Title	Mr.	Sex	Male
Position in the organisation	MANAGER		
Department/Faculty/Institute/Laboratory name/...	NA		

Address (if different from the legal address)

Street name	-	Number	-
Town	-	Postal Code/Cedex	-
Country	NL	Phone 1	+31205929966
Phone 2	+31205929966	Fax	+31205929969
E-mail	SIEMVAESSEN@GMAIL.COM		