

RTD PROPOSAL FORMS

EN A 2 FP5RTD

FOR COMMISSION USE ONLY

### For guidelines see in relevant "Guide for Proposers"

# Proposal submission forms for financial support from the EC for shared-cost RTD actions: research and technological development projects, demonstration projects, and combined projects

If possible, these forms should be prepared using the Proposal Preparation Tool (ProTool), which is available via the Commission Internet site <a href="http://www.cordis.lu/fp5/protool">http://www.cordis.lu/fp5/protool</a> or on CD-ROM. Use of the Proposal Preparation Tool is preferred by the Commission. However applicants may also use the forms in the Guide for Proposers. Using the ProTool, forms may be submitted electronically, or printed out and returned on paper.

### Information on the Proposal<sup>1</sup>

Proposal Full Name	Dynamic WWW-publishing Environments for large Multimedia Information Spaces								
Proposal Acronym <sup>5</sup>	DEMUS	Proposal No <sup>6</sup> IST-2000-28153							
Call Identifier <sup>3</sup>	IST-00-4-1A								
Research Programme(s) <sup>2</sup>	IST-2000								
Thematic priorities <sup>2</sup>	IST-2000-3.1.1								

	For Commissi	ON USE ONLY	
Post stamp		Reception date	_

**** * * ***
--------------------

EUROPEAN COMMISSION RESEARCH DIRECTORATES GENERAL SHARED COST RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A1

FOR COMMISSION USE ONLY

FP5RTD

2

EN B

Proposal Acronym<sup>5</sup> DEMUS

A1.		Proposa	al Ad	ministrat	ive Ov	erview <sup>1</sup>				
Thematic priorities <sup>2</sup>	IST-200	0-3.1.1								
Type of Action <sup>4</sup>	RS	I			1					
Proposal Full Name		Dynamic WWW-publishing Environments for large Aultimedia Information Spaces								
Contact person for the	ne propos	sal(s) <sup>7</sup>				1			_	37
Title (Dr, Prof.,)	Dr.					Gender <sup>8</sup>	F		м	X
Family Name	Nack									
First Name	Frank									
Organisation Legal Name <sup>9</sup>	Sticht	ing Mathe	mati	sch Cent:	rum (S	MC )				
Department / Institute Name <sup>10</sup>	Centru	ım voor W	isku	nde en II	nforma	tica (CW	'I) /	INS	-2	
PO Box <sup>11</sup>	94079									
Street Name and Number	Kruisl	laan 413								
Post Code <sup>12</sup>	1090 0	βB		Cedex <sup>13</sup>						
Town/City	Amster	rdam				1				
Country Code <sup>14</sup>	NL	Country Name	14	Netherland	ds					
Telephone No <sup>15</sup>	(31-20	))5924141		Fax No 15		(31-20)5	59241	99		
E-mail	Frank	Nack@cwi.	nl	<u> </u>		1				
Proposal abstract (m	aximum '	1000 character	s) <sup>16</sup>							
that supports dom in the form of se knowledge managem information gener instant access to information retri that obtain relev and media prefere the development o and software) to anthropology.	DEMUS will design, implement and test a dynamic WWW-based publishing environment that supports domain specialists in establishing complex information spaces (IS) in the form of semantic nets, focussing on the development of content and knowledge management tools supporting the technical and creative aspects of media information generation. These IS supply dynamic user interfaces which provide instant access to search results for colleagues and the general public, allowing information retrieval without querying based on hybrid search/browsing techniques that obtain relevance information from users based on their recent search history and media preferences. Emphasis will be placed on the scalability of the system, the development of generic tools, and portability of the project results (models and software) to other domains beyond that of film theory, history and								5	
Duration (in Months) <sup>17</sup>	24	Total Eligible Cost (in euro) <sup>18</sup>	2734	106	EC Co reques	ntribution sted (in euro) <sup>19</sup>	1492	992		
Keywords <sup>20</sup>									<u> </u>	h7
Have you or any of you similar in content to an	r partners y Commu	, previously or c nity Programme	urrentl ? If yes	y, submitted t s, please give	this propo details of	osal or one the proposa	<sup>21</sup> Y		N	X
Programme Name			Year			osal No				
of this proposal and th	Duly authorised by the consortium partners to send this proposal to the Commission, I certify that the description of this proposal and the information on forms A1, A2, A3 and A4 is accurate and agreed to by the consortium partners and that the consortium collectively agrees to carry out a project as described herein.									
Date (DD/MM/YYYY)	25/10/	2000								
Signature of person au proposal in the co-ordi										



A2.

**RTD PROPOSAL FORMS** 

Shared Cost RTD Proposal Form – Form A2

FOR COMMISSION USE ONLY

2

FP5RTD

Proposal Acronym <sup>5</sup> DEMUS

Proposal No <sup>6</sup> IST-2000-28153

### Proposal Summary <sup>22</sup>

EN C

#### **Objectives (maximum 1000 characters)**

DEMUS will design, implement and test a dynamic WWW-based publishing environment that supports domain specialists in establishing complex information spaces (IS) in the form of semantic nets, focussing on the development of content and knowledge management tools supporting the technical and creative aspects of media information generation. These IS supply dynamic user interfaces which provide instant access to search results for colleagues and the general public, allowing information retrieval without querying based on hybrid search/browsing techniques that obtain relevance information from users based on their recent search history and media preferences. Emphasis will be placed on the scalability of the system, the development of generic tools, and portability of the project results to other domains beyond that of film theory, history and anthropology.

#### Description of the work (maximum 2000 characters)

As DEMUS addresses novel technology for web content production and consumption, a careful assessment of the different user requirements is a prerequisite to most other tasks. Thus, a knowledge elicitation is performed under working conditions to derive the expert requirements, and sophisticated user studies will be performed to derive access requirements. The 'Information Space Editing Environment(ISEE)' will be established initially since it forms the basis on which the functionality of the 'Retrieval and Presentation Environment(RPE)' can be applied. Based on ISEE specifications, the definition and set up of the task models can be performed and the relevant tools for the ISEE (ontology, annotation, and semantic net editor) can be developed and applied to the information space generation, enabling the test of data base structures and expert GUIs under real working conditions. Once parts of the information space are available, the structures and techniques for the ostensive retrieval model in the RPE can be analysed, specified and then applied to the presentation tools (constraint editor, query and presentation generator) and required system support. Tests will be performed on a technical and usability level throughout the project. The communication between the partners (electronic or face to face meetings on a quarterly basis) guarantees constant quality on a technical and usability level, and the execution of the exploitation requirements. A detailed evaluation from third parties on a technical and usability level is performed twice during the project, to assure an objective evaluation procedure. The outcome of the first evaluation will stimulate further improvements to the system functionality during the second half of the project. The concluding evaluation will reflect the final status mainly with respect to the economic exploitation of the established results.

### Milestones and expected results (maximum 500 characters)

DEMUS centers around 3 milestones:(1) system specification for expert and user tools (2)First prototype with a basic domain expert interface, ostensive interface,core date models/structures,retrieval mechanisms,set of BIFS and related XML transformation.(3)Final system,providing improved version of expert and user tools,database structures.The test information space is useable in form of an advanced web information service.A commercial model is proposed that covers economical and social issues.

## \*\*\* \* \* \*\*\*

Proposal Acronym <sup>5</sup>

DEMUS

RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A3

D 2 FP5RTD

ΕN

FOR COMMISSION USE ONLY

Proposal No<sup>6</sup> IST-2000-28153

#### A3. Participant Profile/Information (1 form per participant)<sup>23</sup> Legal information on the participating organisation CO Participant Role 24 Participant No<sup>25</sup> 1 Assistant to Contractor No <sup>26</sup> Registration No with the European Commission's Research Programmes<sup>27</sup> **Organisation Legal** Stichting Mathematisch Centrum (SMC) Name 28 41198731 CWI Legal Registration No<sup>30</sup> Short Name 29 Activity Type <sup>31</sup> REC PNP Legal Status <sup>32</sup> If 'PRC', Specify<sup>33</sup> FC 73 S Cost Basis <sup>36</sup> (FC / FF / AC) Business Area<sup>34</sup> (NACE) User/Supplier<sup>35</sup> (U / S) **Organisation details** S4 т2 В2 Annual turnover <sup>38</sup> Annual Balance Sheet Total <sup>39</sup> Number of employees <sup>40</sup> Is Your Organisation independent <sup>41</sup>? X Υ Ν If No, please indicate legal name(s) of owner(s) who own 25 % or more 42 Χ Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup>? Y Ν Ι If Yes, please indicate Participant No, Short Ι Name(s) and character of affiliations(s) Ι (D / I) <sup>44</sup> Address of the main department carrying out the work 45 **Department**/ Stichting Mathematisch Centrum Dept. Information Institute Name 10 Systems 94079 PO Box <sup>11</sup> Street Name and Kruislaan 413 Number 1090 GB Post Code 12 Cedex <sup>13</sup> Amsterdam Town/City NL Country Code 14 Country Name 14 Netherlands Authorised person <sup>46</sup> Х Dr. Gender<sup>8</sup> Title (Dr, Prof., ...) F М van Oortmerssen **Family Name** Gerard **First Name** (31-20)5929333 Fax No 15 (31 - 20)5924199Telephone No<sup>15</sup> qvo@cwi.nl E-mail I certify that the above information is accurate and that my organisation has agreed to participate in this proposal. 25/10/2000 Date (DD/MM/YYYY) Signature of authorised person

$\prec$
ò
$\subset$
$\leq$
Þ
~
D
F
ř
0
≥
<b>UPLICATE 1</b>
_
т
SIH
Ď
AGE
Ш
Π
Z
Ш
Ω.
NECESS
Š,
Ŗ
$\widetilde{\mathcal{A}}$

			CR	CR	CR	CR	CR	CR	CR	СО	co	င္ပ	Participant Role <sup>24</sup>		Ψ	
	 		∞	7	6	ர	4	ω	2	) 1	) 1	-	Participant No <sup>25</sup>	A4.	roposa	
-	 									50	49	48	Assistant to Contractor No <sup>26</sup>		Proposal Acronym	
TOTAL <sup>66</sup>			GMM	Starlab	BFI	DIF	U Glasgow	GET – ENST	GMD	Total co-ordinator costs	<b>Co-ordination</b>	CWI	Participant Short Name <sup>51</sup>	Cost S	ym <sup>5</sup> DEMUS	
275			12	21	19	19	48	48	48	60	11	49	Number of person/months <sup>52</sup>	Cost Summary in		
1373129			66000	254352	19550	98434	185791	217850	258512	272640	44000	228640	Personnel Costs <sup>53</sup>	ry in euro	Pro	
25000			0	0	0	5000	0	20000	0	0	0	0	Durable Equipment	) <sup>47</sup> (part 1/2)	Proposal No <sup>6</sup> 1	
21735			1200	0	1500	1500	5535	10000	2000	0	0	0	Consumables <sup>55</sup>		ST-2000-2	
152574			12000	15000	5000	7000	18574	40000	15000	40000	10000	30000	Travel and Subsistence <sup>56</sup>		8153	
0			0	0	0	0	0	0	0	0	0	0	Computing <sup>57</sup>			
83000			3000	0	50000	0	0	0	20000	10000		10000	Subcontracting <sup>58</sup>			
1655438			82200	269352	76050	111934	209900	287850	295512	322640	54000	268640	Subtotal part 1/2 <sup>59</sup>			

Shared Cost RTD Proposal Form – Form A4 (1/2)

EUROPEAN COMMISSION RESEARCH DIRECTORATES GENERAL SHARED COST RTD PROPOSAL FORMS FOR COMMISSION USE ONLY

$\prec$
2
Ž
Ą
ב
PL
Ľ
, DUPLICATE
$\neg$
SIH
ΡA
AGE
╗
Z
VECES
SS
ÄR
$\dot{\prec}$

			CR	CR	CR	CR	CR	CR	CR	co	co	co	Participant Role <sup>24</sup>		Prc	
			∞	7	6	ர	4	ω	N	<u> </u>	<u> </u>	<u> </u>	Participant No <sup>25</sup>	A4.	Proposal Acronym	****
-										50	49	48	Assistant to Contractor No <sup>26</sup>		Acrony	EUROPE RESEARCI GENERAL SHARED C RTD PRO
TOTAL <sup>66</sup>			GMM	Starlab	BFI	DIF	U Glasgow	GET - ENST	GMD	Total co-ordinator costs	<b>Co-ordination</b>	CWI	Participant Short Name <sup>51</sup>		m <sup>5</sup> DEMUS	EUROPEAN COMMISSION RESEARCH DIRECTORATES GENERAL SHARED COST RTD PROPOSAL FORMS
1655438			82200	269352	76050	111934	209900	287850	295512	<b>S</b> 322640	54000	268640	Subtotal of part 1/2 <sup>59</sup>	Cost Summary in		EN F 2 FP5RTD For commission use only
4000			0	0	0	2000	0	0	2000	0	0	0	Other Specific project Costs <sup>60</sup>	euro 47 (part 2/2)	Proposal No	
0			0	0	0	0	0	0	0	0	0	0	Protection of knowledge <sup>61</sup>	2/2)	<b>o</b> <sup>6</sup> IST-2000	
1074668			52800	203482	13685	78747	41980	174280	219774	289920	52800	237120	Overhead Costs <sup>62</sup>		)-28153	
2734106			135000	472834	89735	192681	251880	462130	517286	612560	106800	505760	Total Costs <sup>63</sup>			
			뛰	F F	부부	되	AC	FF FF	FC	FC			Costs Basis : FC/FF/AC <sup>37</sup>			
			50	50	50	50	100	50	50	50			% Requested from the Community <sup>64</sup>			
1492992			67500	236417	44867	96340	251880	231065	258643	306280	53400	252880	Requested Contribution from the Community <sup>65</sup>			
		<u> </u>						C	אדנ	695	5	L E	NE	I		

Shared Cost RTD Proposal Form – Form A4 (2/2)

***	***
***	**

DEMUS

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

A3.	A3. Participant Profile/Information (1 form per participant) <sup>23</sup>									
Legal information on	the parti	cipating organisation								
Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	2	Assistar	nt to Contra	ctor N	o <sup>26</sup>			
Registration No with th	Registration No with the European Commission's Research Programmes <sup>27</sup>									
Organisation Legal Name <sup>28</sup>	GMD -	GMD - Forschungszentrum Informationstechnik GmbH								
Short Name 29	GMD	GMD Legal Registration No <sup>30</sup>								
Activity Type <sup>31</sup>		Legal Status <sup>32</sup>		If 'PRC',	Specify <sup>33</sup>					
Business Area <sup>34</sup> (NACE)		User/Supplier <sup>35</sup> (U / S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)						
Organisation details	37									
Annual turnover <sup>38</sup>	NA	Annual Balance Sheet	Fotal <sup>39</sup>	B1	Number o	of emp	-			
Is Your Organisation in	depender	nt <sup>41</sup> ?					Y	Х	N	
If No, please indicate										
legal name(s) of owner(s) who own										
25 % or more <sup>42</sup>										
Is Your Organisation at	filiated to	any other participant(s)	in the prop	osal 43?			Y		N	Х
If Yes, please indicate									I	
Participant No, Short Name(s) and character									I	
of affiliations(s)									I	
	departme	ent carrying out the wo	<b>rk</b> <sup>45</sup>							
Department/		Nationale Supe		des Te	lecomm	unica	ati	ons		
Institute Name <sup>10</sup>										
PO Box <sup>11</sup>										
Street Name and Number										
Post Code <sup>12</sup>			Cedex <sup>13</sup>							
Town/City										
Country Code <sup>14</sup>		Country Name <sup>14</sup>								
Authorised person <sup>46</sup>		• • • •			1				T	
Title (Dr, Prof.,)					Gender <sup>8</sup>		F	X	М	
Family Name										
First Name										
Telephone No <sup>15</sup>		1	Fax No <sup>15</sup>							
E-mail										
I certify that the above		on is accurate and that m	y organisa	tion has ag	greed to pa	rticipat	te in	this p	oropo	sal.
Date (DD/MM/YYYY)	06/10	/2000								
Signature of authorised	d person									



DEMUS

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

A3.	Parti	cipant Profile/Inf	ormation	<b>ON</b> (1 for	m per par	ticipa	nt) <sup>23</sup>	1			
Legal information on the participating organisation											
Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	3	Assistar	t to Contra	actor N	lo <sup>26</sup>				
Registration No with the European Commission's Research Programmes <sup>27</sup>											
Organisation Legal Name <sup>28</sup>	Ecole	Ecole Nationale Superieure des Telecommunications									
Short Name <sup>29</sup>	GET – ENST Legal Registration No <sup>30</sup>										
Activity Type <sup>31</sup>	HES     Legal Status <sup>32</sup> GOV     If 'PRC', Specify <sup>33</sup>										
Business Area <sup>34</sup> (NACE)		User/Supplier <sup>35</sup> (U / S)	S	Cost Ba	sis <sup>36</sup> (FC / F	F / AC)			FF		
Organisation details	37	i I	•	· ·	1				ı T		
Annual turnover <sup>38</sup>	NA	Annual Balance Sheet T	otal 39	B1	Number	of emp	loye	es <sup>40</sup>			
Is Your Organisation in	dependen	t <sup>41</sup> ?					Y	Х	N		
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>											
le Your Organisation at	filiated to	any other participant(s) i	n the prop	osal <sup>43</sup> 2			Y		N	X	
				0581 :					I		
If Yes, please indicate Participant No, Short									I		
Name(s) and character of affiliations(s)									I I		
(D / I) <sup>44</sup>			. 45						<u> </u>		
	departme	ent carrying out the wo	rk ~								
Department/ Institute Name <sup>10</sup>											
PO Box <sup>11</sup>											
Street Name and Number											
Post Code <sup>12</sup>		0	Cedex <sup>13</sup>								
Town/City		· · · ·			1						
Country Code 14		Country Name <sup>14</sup>									
Authorised person <sup>46</sup>					1		1		,		
Title (Dr, Prof.,)					Gender <sup>8</sup>		F	X	М		
Family Name											
First Name											
Telephone No <sup>15</sup>		F	ax No <sup>15</sup>								
E-mail											
I certify that the above		on is accurate and that m	y organisa	tion has ag	greed to pa	rticipa	te in	this p	oropo	sal.	
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)     06/10/2000										
Signature of authorised	Signature of authorised person										

**'	***
*.	.*
*;	**

DEMUS

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

A3. Participant Profile/Information (1 form per participant) <sup>23</sup>										
Legal information on	the parti	cipating organisation								
Participant Role 24	CR	Participant No <sup>25</sup>	4	Assistar	nt to Contra	actor N	<b>o</b> <sup>26</sup>			
Registration No with th	e Europea	n Commission's Resear	rch Program	nmes <sup>27</sup>						
Organisation Legal Name <sup>28</sup>	ganisation Legal University of Glasgow									
Short Name 29	U Gla	sgow	Legal R	egistration	No <sup>30</sup>					
Activity Type <sup>31</sup>		Legal Status <sup>32</sup> If 'PRC', Specify <sup>33</sup>								
Business Area <sup>34</sup> (NACE)		User/Supplier <sup>35</sup> (U / S) S Cost Basis <sup>36</sup> (FC / FF / AC)					AC			
Organisation details										
Annual turnover <sup>38</sup>	NA	Annual Balance Sheet	Total 39	B1	Number	of emp	loye			
Is Your Organisation in	dependen	it <sup>41</sup> ?					Y	Х	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>										
Is Your Organisation at	filiated to	any other participant(s)	in the prop	osal <sup>43</sup> ?			Y		N	X
If Yes, please indicate								1	I	
Participant No, Short									I	
Name(s) and character of affiliations(s)						I				
$(D/I)^{44}$		ent carrying out the wo	<b></b> 45						<u> </u>	
Department/	T .		Ork							
Institute Name <sup>10</sup>	Glasgo	ow University								
PO Box <sup>11</sup>										
Street Name and Number										
Post Code <sup>12</sup>			Cedex <sup>13</sup>							
Town/City										
Country Code 14		Country Name 14								
Authorised person <sup>46</sup>	1									
Title (Dr, Prof.,)					Gender <sup>8</sup>		F	Х	м	
Family Name										
First Name										
Telephone No <sup>15</sup>			Fax No 15							
E-mail		·								
I certify that the above	informatio	on is accurate and that n	ny organisa	tion has a	greed to pa	articipa	te in	this	oropo	sal.
Date (DD/MM/YYYY)	06/10,	/2000								
Signature of authorised	Signature of authorised person									

**'	***
*.	.*
*;	**

DEMUS

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

A3. Participant Profile/Information (1 form per participant) <sup>23</sup>										
Legal information on	the parti	cipating organisation								
Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	5	Assistar	Assistant to Contractor No <sup>26</sup>					
Registration No with th	e Europea	an Commission's Researc	ch Program	mmes <sup>27</sup>						
Organisation Legal Name <sup>28</sup>	Deutsches Filminstitut e.V.									
Short Name <sup>29</sup>	DIF		Legal R	egistration	No <sup>30</sup>					
Activity Type <sup>31</sup>		Legal Status <sup>32</sup>		If 'PRC', Specify <sup>33</sup>						
Business Area <sup>34</sup> (NACE)		User/Supplier <sup>35</sup> (U / S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)					FF	
Organisation details	37	1	•		1					
Annual turnover <sup>38</sup>	NA	Annual Balance Sheet	Fotal <sup>39</sup>	B1	Number	of empl				
Is Your Organisation in	ndepender	nt <sup>41</sup> ?					Y	Х	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>										
Is Your Organisation at	filiated to	any other participant(s)	in the prov	oosal <sup>43</sup> ?			Y		N	X
If Yes, please indicate							-		I	
Participant No, Short									I	
Name(s) and character of affiliations(s)									I	
(D/I) <sup>44</sup>		ent carrying out the wo	<b>"I</b> . 45						-	
Department/	· ·	ches Filminstit								
Institute Name <sup>10</sup>	20000									
PO Box <sup>11</sup>										
Street Name and Number										
Post Code <sup>12</sup>			Cedex <sup>13</sup>							
Town/City		·								
Country Code <sup>14</sup>		Country Name 14								
Authorised person <sup>46</sup>					-					
Title (Dr, Prof.,)					Gender <sup>8</sup>		F	Х	М	
Family Name										
First Name										
Telephone No <sup>15</sup>			Fax No <sup>15</sup>							
E-mail		· · · ·								
I certify that the above	informatio	on is accurate and that m	y organisa	ation has ag	greed to pa	rticipat	e in	this p	oropo	osal.
Date (DD/MM/YYYY)	06/10	/2000								
Signature of authorised	d person									

***	***
*	*
**,	k**

DEMUS

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

A3. Participant Profile/Information (1 form per participant) <sup>23</sup>												
Legal information on the participating organisation												
Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	6	Assistar	t to Contrac	tor No <sup>26</sup>						
Registration No with th	e Europea	n Commission's Researc	h Progran	nmes <sup>27</sup>								
Organisation Legal Name <sup>28</sup>	Britis	sh Film Institut	ce									
Short Name <sup>29</sup>	BFI		Legal R	egistration	No <sup>30</sup>							
Activity Type <sup>31</sup>	OTH	Legal Status 32	GOV	J If 'PRC', Specify <sup>33</sup>								
Business Area <sup>34</sup> (NACE)	92	User/Supplier <sup>35</sup> (U / S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)				FF				
Organisation actails												
Annual turnover <sup>38</sup>	Т3	Annual Balance Sheet T	otal <sup>39</sup>	<sup>39</sup> B1 Number of employees <sup>40</sup>				S6				
Is Your Organisation in	dependen	t <sup>41</sup> ?				Y	X	N				
If No, please indicate												
legal name(s) of owner(s) who own												
25 % or more <sup>42</sup>												
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ? Y N X												
	fillated to	any other participant(s) i	n the prop	osal ?		Y		N				
If Yes, please indicate Participant No, Short								I				
Name(s) and character							I					
of affiliations(s) (D / I) 44								I				
	departme	ent carrying out the wo	r <b>k</b> 45									
Department/	Briti	sh Film Institut	ce									
Institute Name <sup>10</sup>												
PO Box <sup>11</sup>												
Street Name and Number												
Post Code <sup>12</sup>		C	Cedex <sup>13</sup>									
Town/City												
Country Code 14		Country Name <sup>14</sup>										
Authorised person <sup>46</sup>					1	1		I				
Title (Dr, Prof.,)					Gender <sup>8</sup>	F	x	M				
Family Name												
First Name												
Telephone No <sup>15</sup>		F	ax No <sup>15</sup>									
E-mail												
I certify that the above	1	on is accurate and that my	y organisa	tion has ag	greed to part	icipate ir	this	oropo	sal.			
Date (DD/MM/YYYY)	06/10,	/2000										
Signature of authorised	Signature of authorised person											

**'	***
*.	.*
*;	**

DEMUS

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

A3. Participant Profile/Information (1 form per participant) <sup>23</sup>										
Legal information on	the parti	cipating organisation								
Participant Role 24	CR	Participant No <sup>25</sup>	7	Assistan	t to Contra	actor No	<b>b</b> <sup>26</sup>			
Registration No with th	e Europea	n Commission's Researc	h Progran	nmes <sup>27</sup>						
Organisation Legal Name <sup>28</sup>	Starla	ab NV								
Short Name 29	Starla	ab	Legal R	egistration	No <sup>30</sup>					
Activity Type <sup>31</sup>		Legal Status <sup>32</sup>		If 'PRC',	Specify <sup>33</sup>					
Business Area <sup>34</sup> (NACE)		User/Supplier <sup>35</sup> (U / S)	) S Cost Basis <sup>36</sup> (FC / FF / AC)						FF	
Organisation details	37	1	·							
Annual turnover <sup>38</sup>	NA	Annual Balance Sheet 1	· · · · ·							
Is Your Organisation in	dependen	t <sup>41</sup> ?					Y	Х	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>										
Is Your Organisation af	filiated to	any other participant(s) i	n the prop	osal <sup>43</sup> ?			Y		N	X
If Yes, please indicate Participant No, Short									I	
Name(s) and character							I			
of affiliations(s) (D / I) 44								I		
	departme	ent carrying out the wo	rk 45							
Department/ Institute Name <sup>10</sup>	Starla	ab NV								
PO Box <sup>11</sup>										
Street Name and Number										
Post Code <sup>12</sup>		(	Cedex <sup>13</sup>							
Town/City					1					
Country Code 14		Country Name <sup>14</sup>								
Authorised person <sup>46</sup>	•									
Title (Dr, Prof.,)					Gender <sup>8</sup>		F	Х	м	
Family Name										
First Name										
Telephone No <sup>15</sup>		1	ax No 15							
E-mail										
I certify that the above		on is accurate and that m	y organisa	tion has ag	reed to pa	rticipat	e in	this p	propo	sal.
Date (DD/MM/YYYY)	06/10,	/2000								
Signature of authorised person										



DEMUS

Shared Cost RTD Proposal Form – Form A3

EN D 2 FP5RTD

FOR COMMISSION USE ONLY

Legal Information on the participant No <sup>15</sup> R   Participant No <sup>15</sup> R   Assistant to Contractor No <sup>16</sup> Participant Role <sup>14</sup> CR   Participant No <sup>15</sup> 8   Assistant to Contractor No <sup>16</sup> Registration No with the European Commission's Research Programmes <sup>17</sup> Organisation Independent <sup>10</sup> 1   1     Short Name <sup>28</sup> GMM   Legal Registration No <sup>30</sup> 60900   Activity Type <sup>11</sup> REC   Legal Status <sup>32</sup> PRC   If "PRC", Specify <sup>30</sup> SRL     Business Area <sup>44</sup> (Acce)   22   User/Supplier <sup>36</sup> (U/S)   S   Cost Basis <sup>36</sup> (PC / FF / AC)   FF     Annual turnover <sup>38</sup> T2   Annual Balance Sheet Total <sup>39</sup> B2   Number of employees <sup>40</sup> S3     Is Your Organisation independent <sup>41</sup> ?   Y   N   X   Y   N   X     It Ropiass indicate legal name(S) of owner(S) who own 25 % or more <sup>42</sup> Giunt i Gruppo Editoriale Spa   Via Bolognese, 165   I   I     If Yes, please indicate Participant Carrying out the work <sup>44</sup> I   I   I     Address of the main department carrying out the work <sup>44</sup> I   I   I     Organisation Site   Giunti Multimedia SRL - Marketing & EU Projects	A3. Participant Profile/Information (1 form per participant) <sup>23</sup>										
Constraint No with the European Commission's Research Programmes <sup>77</sup> Product in Constraint in	Legal information on	the parti	cipating organisation								
Organisation Legal Name <sup>78</sup> Giunti Multimedia SRL     Short Name <sup>29</sup> GMM   Legal Registration No <sup>30</sup> 60900     Activity Type <sup>31</sup> REC   Legal Status <sup>32</sup> PRC   If "PRC', Specify <sup>33</sup> SRL     Business Area <sup>34</sup> (NACE)   22   User/Supplier <sup>36</sup> (u/s)   S   Cost Basis <sup>36</sup> (rc/FF/AC)   FF     Organisation details <sup>37</sup> T2   Annual Balance Sheet Total <sup>30</sup> B2   Number of employees <sup>40</sup> S3     Is Your Organisation Independent <sup>41</sup> ?   Y   N   K     Via Bolognese, 165   50136 Firenze - Italy   Via Bolognese, 165   I     Sory organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?   Y   N   X     If Yes, please indicate for any other participant(s) in the proposal <sup>43</sup> ?   Y   N   X     If Yes, please indicate for affiliated to any other participant(s) in the proposal <sup>43</sup> ?   Y   N   X     daffiliations(s)   I   I   I   I   I     daffiliate to any other participant (s) In the proposal <sup>43</sup> ?   Y   N   X     Address of the main department carrying out the work <sup>45</sup> I   I   I     Department/	Participant Role <sup>24</sup>	CR	Participant No 25	8	Assistar	nt to Contr	actor N	lo <sup>26</sup>			
Name <sup>28</sup> GMM   Legal Registration No <sup>30</sup> 609 U     Activity Type <sup>31</sup> REC   Legal Status <sup>32</sup> PRC   If "PRC', Specify <sup>33</sup> SRL     Business Area <sup>34</sup> (MAC)   22   User/Supplier <sup>35</sup> (u/s)   S   Cost Basis <sup>36</sup> (rC/FF / AC)   FF     Organisation details <sup>37</sup> T2   Annual Balance Sheet Total <sup>39</sup> B2   Number of employees <sup>40</sup> S3     Is Your Organisation integendent <sup>41</sup> ?   Y   N   X   X     If No, please indicate legal name(s) of owner(s) whown 25 % or more <sup>42</sup> Giunti Gruppo Editoriale Spa   Y   N   X     Is Your Organisation affiliated to any other participant(s) in the proposal <sup>42</sup> ?   Y   N   X     If Yes, please indicate participant (s) in the proposal <sup>42</sup> ?   Y   N   X     If Yes, please indicate out on other participant (s) in the proposal <sup>42</sup> ?   Y   N   X     If Yes, please indicate out of the main detail at the table of the main detail	Registration No with th	e Europea	n Commission's Researc	h Program	mes <sup>27</sup>						
Circle (Name)     PRC     Legal registration (Notice)     End (Notice)     FF       Activity Type 3'     REC     Legal Status 3''     PRC     If (PRC) (Specify 3'')     SRL       Distinger Area 3' (Nace)     22     User/Supplier 3''s (U/S)     S     Cost Basis 3''s (FC/FF/AC)     FF       Organisation details 3''     T2     Annual Balance Sheet Total 3''     B2     Number of employees 4''     S 3       Is Your Organisation independent '''?     Y     N     X     X       Usines Area 3'' (Nace)     Giunti Gruppo Editoriale Spa     Y     N     X       Usines Area 3'' (Nace)     Giunti Gruppo Editoriale Spa     Y     N     X       If Yo, please indicate Partice Area 1''?     Giunti Gruppo Editoriale Spa     Y     N     X       If Yes, please indicate Partice Area 1''     Giunti Gruppo Editoriale Spa     Y     N     X       If Yes, please indicate Area 1''     Giunti Gruppo Editoriale Spa     Y     N     X       Participan No, Short Name(s) and character Arrying out the work 4'''     Direction     I     I       Address of the main department carrying out the work 4''' <td< th=""><th>Organisation Legal Name <sup>28</sup></th><th>Giunt</th><th>i Multimedia SRL</th><th>1</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Organisation Legal Name <sup>28</sup>	Giunt	i Multimedia SRL	1							
Business Area <sup>34</sup> (NACE)   22   User/Supplier <sup>35</sup> (U/S)   S   Cost Basis <sup>36</sup> (FC/FF/AC)   FF     Organisation details <sup>37</sup> T2   Annual Balance Sheet Total <sup>30</sup> B2   Number of employees <sup>40</sup> S3     Is Your Organisation independent <sup>47</sup> ?   Y   N   X     If No, please indicate legal name(s) of owner(s) who own 25% or more <sup>42</sup> Giunti Gruppo Editoriale Spa   Via Bolognese, 165     50136   Firenze - Italy   V   N   X     If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (v) 0/4   I   I     Address of the main department carrying out the work <sup>45</sup> Department/   I   I     Department/   Giunti Multimedia SRL - Marketing & EU Projects   I   I     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> I   I     Country Code <sup>14</sup> I   Country Name <sup>14</sup> I taly   I     Authorised person <sup>47</sup> I   Gender <sup>6</sup> F   M   X     Frist Name   Marco   I   Gender <sup>6</sup> F   M   X     First Name   Marco   I   Italy   I   I   I   I	Short Name <sup>29</sup>	GMM		Legal Re	gistration	No <sup>30</sup>	6090	0			
Dusting (C)	Activity Type <sup>31</sup>		Legal Status <sup>32</sup>	PRC If 'PRC', Specify <sup>33</sup> SRL							
Annual turnover 38     T2     Annual Balance Sheet Total 39     B2     Number of employees 40     S3       Is Your Organisation Interpendent 41?     Y     N     X     N     X       If No, please indicate legal name(s) of owner(s) who owner(s) who owner(s) who owner(s).     Giunti Gruppo Editoriale Spatrational Spatratinal Spatrational Spatrational Spatratinal Spatrational Sp	Business Area <sup>34</sup> (NACE)	22	User/Supplier <sup>35</sup> (U / s)	S Cost Basis <sup>36</sup> (FC / FF / AC)					FF		
Andmask tensores   Immediate of each of a purple of a purp	Organisation details	37									
If No, please indicate legal name(s) of owner(s) who own   Giunti Gruppo Editoriale Spa   I	Annual turnover <sup>38</sup>	Т2	Annual Balance Sheet T	et Total <sup>39</sup> B2 Number of employees <sup>40</sup>				es <sup>40</sup>			
legal name(s) of owner(s) who own 25 % or more 4*   Via Bolognese, 165 50136 Firenze - Italy     Is Your Organisation affiliated to any other participant(s) in the proposal 4*?   Y   N   X     If Yes, please indicate Participant No, Short Name(s) and character   I   I     Address of the main department carrying out the work 4*   I   I     Department/ Institute Name 1*   Giunti Multimedia SRL - Marketing & EU Projects Direction   I     PO Box 1*   Street Name and Number   Ripa di Porta Ticinese, 91   I     Post Code 1*2   20143   Cedex 1*3   I     Country Code 1*   I   I   I     Authorised person   T   I   I     Authorised person   I   Cedex 1*3   I     Town/City   Milano   I   I   I     Family Name   Bergometti .   I   I     Family Name   Bergometti .gmm@interbusiness .it   I   I     Family Name   Bergometti .gmm@interbusiness .it   I   I     It (Dr, Prof.,)   Dr.   Fax No 1*5   I   I     Family Name   Bergometti .gmm@interbusiness .it   I   I   I<	Is Your Organisation in							Y		Ν	X
Via Bolognese, 16550136 Firenze - Italy50136 Firenze - ItalyIs Your Organisation affiliated to any other participant(s) in the proposal 43?YNXIf Yes, please indicate Participant No, Short Name(s) and character of affiliatons(s) (D/) 44IIIAddress of the mainLepartment carrying out the work 49IIIDepartment/ DirectionGiunti Multimedia SRL - Marketing & EU ProjectsIIPO Box 11Street Name and NumberRipa di Porta Ticinese, 91IIPost Code 1220143Cedex 13IICountry Code 14ICountry Name 14ItalyXAuthorised person 46BergomettiIINFamily NameBergomettiIINFamily NameBergomettiIIIItelphone No 15(39-02)8392274Fax No 15(39-02)58103485E-mailbergometti.gmm@interbusiness.itIIIcertify that the above information is accurate and that my organisation has agreed to participate in this proposal. Date (DDMMYYYY)22/10/2000		Giunti Gruppo Editoriale Spa									
S0136   Firenze - Italy     Is Your Organisation affiliated to any other participant(s) in the proposal 43?   Y   N   X     If Yes, please indicate Participant No, Short   I   I   I     Name(s) and character of affiliations(s)   I   I   I     Address of the main department carrying out the work 45   I   I   I     Department/   Giunti Multimedia SRL - Marketing & EU Projects   I   I     Institute Name 10   Direction   Cedex 13   I   I     PO Box 11   I   Country Name 14   Italy   I   I     Authorised person 46   I   Country Name 14   Italy   I   I     Authorised person 46   I   Country Name 14   Italy   I   I     Family Name   Bergometti   Fax No 15   (39-02)58103485   Email   Email   Email   Dergom@interbusiness.it   I     Itery of that the above information is accurate and that my organisation has agreed to participate in this proposal.   Date (DDMMYYYY)   22/10/2000   I   I   I   I	owner(s) who own	Via Bo	olognese, 165								
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D/1) <sup>44</sup> I   I     Address of the main department carrying out the work <sup>45</sup> I     Department/ Institute Name <sup>10</sup> Giunti Multimedia SRL - Marketing & EU Projects Direction   I     PO Box <sup>11</sup> Direction   V     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> V     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> V     Country Code <sup>14</sup> I   Country Name <sup>14</sup> Italy     Authorised person <sup>46</sup> I   Country Name <sup>14</sup> Italy     Family Name   Bergometti   Fax No <sup>15</sup> (39-02)58103485     First Name   Marco   I   22/10/2000   I	25 % or more 42	50136	Firenze - Italy								
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D/1) <sup>44</sup> I   I     Address of the main department carrying out the work <sup>45</sup> I     Department/ Institute Name <sup>10</sup> Giunti Multimedia SRL - Marketing & EU Projects Direction   I     PO Box <sup>11</sup> Direction   V     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> V     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> V     Country Code <sup>14</sup> I   Country Name <sup>14</sup> Italy     Authorised person <sup>46</sup> I   Country Name <sup>14</sup> Italy     Family Name   Bergometti   Fax No <sup>15</sup> (39-02)58103485     First Name   Marco   I   22/10/2000   I											
Principant No, Shot Name(s) and character of affiliations(s)   I     Address of the main department carrying out the work 45   I     Department/ Institute Name 10   Giunti Multimedia SRL - Marketing & EU Projects Direction   I     PO Box 11   PO Box 11   I     Street Name and Number   Ripa di Porta Ticinese, 91   I     Post Code 12   20143   Cedex 13   I     Town/City   Milano   Italy   I     Authorised person 46   I   Country Name 14   Italy     Family Name   Bergometti   I   M     First Name   Marco   I   (39-02)8392274   Fax No 15   (39-02)58103485     E-mail   bergometti.gmm@interbusiness.it   I   I   I   I     Itele(DDMMYYYY)   22/10/2000   I   I   I   I	Is Your Organisation at	filiated to	any other participant(s) in	n the prop	osal <sup>43</sup> ?			Y		N	X
Name(s) and character of affiliations(s) (o')) <sup>44</sup> I       Address of the main department/ Address of the main department/ Institute Name <sup>10</sup> Gi unt i Multimedia SRL - Marketing & EU Projects Direction     I       Pobax <sup>11</sup> Gi unt i Multimedia SRL - Marketing & EU Projects Direction     I       PO Box <sup>11</sup> Gi unt i Multimedia SRL - Marketing & EU Projects     I       Post Code <sup>12</sup> Z0143     Cedex <sup>13</sup> I       Post Code <sup>12</sup> 20143     Cedex <sup>13</sup> I       Town/City     Milano     I taly     I       Authorised person <sup>46</sup> I     Country Name <sup>14</sup> I taly       Family Name     Bergo=tti     Fax No <sup>15</sup> (39-02)58103485       First Name     Marco     I     Signe@interbusiness.it     I       Icertify that the above itornation is accurate and that my organisation has agreed to participate in this proposal.     Jate (DDMMMYYYY)								1	1	I	
of affiliations(s) (r/1) <sup>44</sup> I     Address of the main department carrying out the work <sup>45</sup> I     Department/ Institute Name <sup>10</sup> Giunti Multimedia SRL - Marketing & EU Projects Direction   I     PO Box <sup>11</sup> Cinction   Cedex <sup>13</sup> I     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> I   I     Post Code <sup>12</sup> 20143   Cedex <sup>13</sup> I   I     Country Code <sup>14</sup> I   Country Name <sup>14</sup> Italy   I     Authorised person <sup>46</sup> F   M   X     Family Name   Bergometti.gmm@interbusiness.it   Gander <sup>8</sup> F   M   X     Fermall   bergometti.gmm@interbusiness.it   I   I   I   I     I certify that the above information is accurate and that my organisation has agreed to participate in this provesal.   D   I     Date (DD/MMVYYYY)   22/10/2000   I   I   I   I	•								I		
Address of the main department carrying out the work 45     Department/ Institute Name 10   Giunti Multimedia SRL - Marketing & EU Projects Direction     PO Box 11   Po Box 11     Street Name and Number   Ripa di Porta Ticinese, 91     Post Code 12   20143   Cedex 13     Post Code 12   Milano     Country Code 14   I   Country Name 14   Italy     Authorised person 46   F   M   X     Family Name   Bergometti   Fax No 15   (39-02) 58103485   M   X     Femail   bergometti.gmm@interbusiness.it   Is proval   Is proval   Is proval   Is proval     Date (pD/MM/YYYY)   22/10/2000   Path my organisation has agreed to participate in this proval.   Descent is proval.   Is proval.	of affiliations(s)									I	
Department/ Institute Name 10Giunti Multimedia SRL - Marketing & EU Projects DirectionPO Box 11Ripa di Porta Ticinese, 91Street Name and NumberRipa di Porta Ticinese, 91Post Code 1220143Cedex 13Post Code 14ICountry Name 14MilanoItalyAuthorised person 46FMFamily NameBergowettiBergowettiFamily NameBergowettiFamily NameBergowetti.gmm@interbusiness.it(39-02)8392274Telephone No 15(39-02)8392274FamilDergowetti.gmm@interbusiness.itIcertify that the above iformation is accurate and that worganisation has agreed to participate is used to		departme	ent carrying out the wor	<b>k</b> 45							
PO Box <sup>11</sup> Image: series of the series	Department/	Giunt	i Multimedia SRL		keting	& EU	Proj	ect	S		
Number     Image: Post Code 12     20143     Cedex 13     Image: Post Code 12     20143     Cedex 13     Image: Post Code 14     Milanow       Town/City     Milanow     Italy     Image: Post Code 14     Image											
Post Code <sup>12</sup> 20143     Cedex <sup>13</sup> I     I     Milan       Town/City     Milan     Italy     Italy     Italy     Italy     M     X       Authorised person <sup>46</sup> F     I     M     X       Family Name     Bergo=tti     Gender <sup>8</sup> F     M     X       Family Name     Marco     Fax No <sup>15</sup> (39-02)58103485     K     M     X       Family Name     Bergo=tti     State of the second se	Street Name and	Ripa d	di Porta Ticines	e, 91							
Town/City     Milano       Country Code <sup>14</sup> I     Country Name <sup>14</sup> Italy       Authorised person <sup>46</sup> Italy     Italy       Fitle (Dr, Prof.,)     Dr .     Gender <sup>8</sup> F     M     X       Family Name     Bergometti     Bergometti     Italy     X     Italy     Italy <t< th=""><th>Number</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Number										
Itel     Country Name     Italy       Authorised person 46     Italy       Authorised person 46     F     M     X       Family Name     Bergometti     Gender 8     F     M     X       Family Name     Bergometti     First Name     Marco     Italy     Italy     Italy     Italy       First Name     Marco     First Name     Marco     Italy	Post Code <sup>12</sup>	20143	C	edex <sup>13</sup>							
Authorised person 46Title (Dr, Prof.,)Dr .Gender 8FMXFamily NameBergomettiFirst NameMarcoTelephone No 15(39-02)8392274Fax No 15(39-02)58103485E-mailbergometti.gmm@interbusiness.itI certify that the above information is accurate and that my organisation has agreed to participate in this proposal.Date (DD/MM/YYYY)22/10/2000	Town/City	Milano	2								
Title (Dr, Prof.,)Dr .Gender 8FMXFamily NameBergomettiFirst NameMarcoTelephone No 15(39-02)8392274Fax No 15(39-02)58103485E-mailbergometti.gmm@int=rbusiness.itI certify that the above information is accurate and that my organisation has are to participate in this proposalDate (DD/MM/YYYY)22/10/2000		-	Country Name 14 It	caly							
Title (Dr, Prof.,) D1. Gender * F M   Family Name Bergometti   First Name Marco   Telephone No <sup>15</sup> (39-02)8392274 Fax No <sup>15</sup> (39-02)58103485   E-mail bergometti.gmm@interbusiness.it   I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.   Date (DD/MM/YYYY) 22/10/2000	Authorised person <sup>46</sup>					1		1	1	1	137
First Name   Marco     Telephone No <sup>15</sup> (39-02)8392274   Fax No <sup>15</sup> (39-02)58103485     E-mail   bergometti.gmm@interbusiness.it   I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.     Date (DD/MM/YYYY)   22/10/2000	Title (Dr, Prof.,)					Gender <sup>8</sup>	B	F		М	X
Telephone No <sup>15</sup> (39-02)8392274   Fax No <sup>15</sup> (39-02)58103485     E-mail   bergometti.gmm@interbusiness.it     I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.     Date (DD/MM/YYYY)   22/10/2000	Family Name	Bergor	netti								
E-mail   bergometti.gmm@interbusiness.it     I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.     Date (DD/MM/YYYY)	First Name										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.   Date (DD/MM/YYYY)	Telephone No <sup>15</sup>	(39-02	2)8392274 <b>F</b>	ax No <sup>15</sup>		(39-02	2)581	.034	85		
Date (DD/MM/YYYY) 22/10/2000	E-mail	bergor	metti.gmm@interb	usines	s.it						
	I certify that the above			organisat	ion has ag	greed to pa	articipa	te in	this p	oropo	osal.
Signature of authorised person	Date (DD/MM/YYYY)	22/10,	/2000								
	Signature of authorised	d person									