

EMN-IES Participation Form

With the present form, the submitting Activity defines, by the undersigned Official, its designated representative that is responsible for validating the applications for EMN-IES access on behalf of this Activity (EMN-IES Operational Manager)

Activity (e.g. EMN NCP Italy, EU-MOBIL Greece, International Organisation etc.)

Activity's Representative in EMN-IES (Official signing the present form) The Official indicated here will get the General Manager role in EMN-IES on behalf of the referenced Activity. This role has full access permissions to the EMN-IES features and content of interest for the specific Activity.		
Name:	Surname:	
Organisation:		
Department:		
Job Title/Position:		
Country:	City:	Address:
E-mail:	Telephone:	

Activity's Operational Manager in EMN-IES The Official indicated here will get the Operational Manager role in EMN-IES on behalf of the referenced Activity. This role, apart from having full access permissions to the EMN-IES features and content of interest for the specific Activity, is also responsible for validating the applications for EMN-IES access on behalf of this Activity.		
Name:	Surname:	
Organisation:		
Department:		
Job Title/Position:		
Country:	City:	Address:
E-mail:	Telephone:	

The Activity will afterwards have the possibility to add more Operational Managers, using the standard EMN-IES Access Application.

Place:

Full Name:

Date:

Signature:

The signed copy should be scanned and sent to HOME-EC-EMN-IES@ec.europa.eu