BENEFICIARY DATA Official name of the organization Abbreviated name WEB site Official address of the organization State County Town/Municipality Postal code Street and number PO Box **Mailing address** State County Town/Municipality Postal code Street and number PO Box Type of beneficiary **Registration number** Tax number Legal criteria Source of finance

Statutory representative					
Pre-NL	Given name	Family name	Post-NL		

Status in organization		Telephone			
Mobile		E-mail			
		-			
Contact person					
Pre-NL	Given name	Family name	Post-NL		
Status in organization		Telephone			
Mobile		E-mail			
		_			
Official name o	f the organization's administrative	body (if relevant): 0 /150			
Official address of the organization's administrative body (if relevant):					
State		County			
Town/Municipality		Postal code			
		200			
Street and number		PO Box			