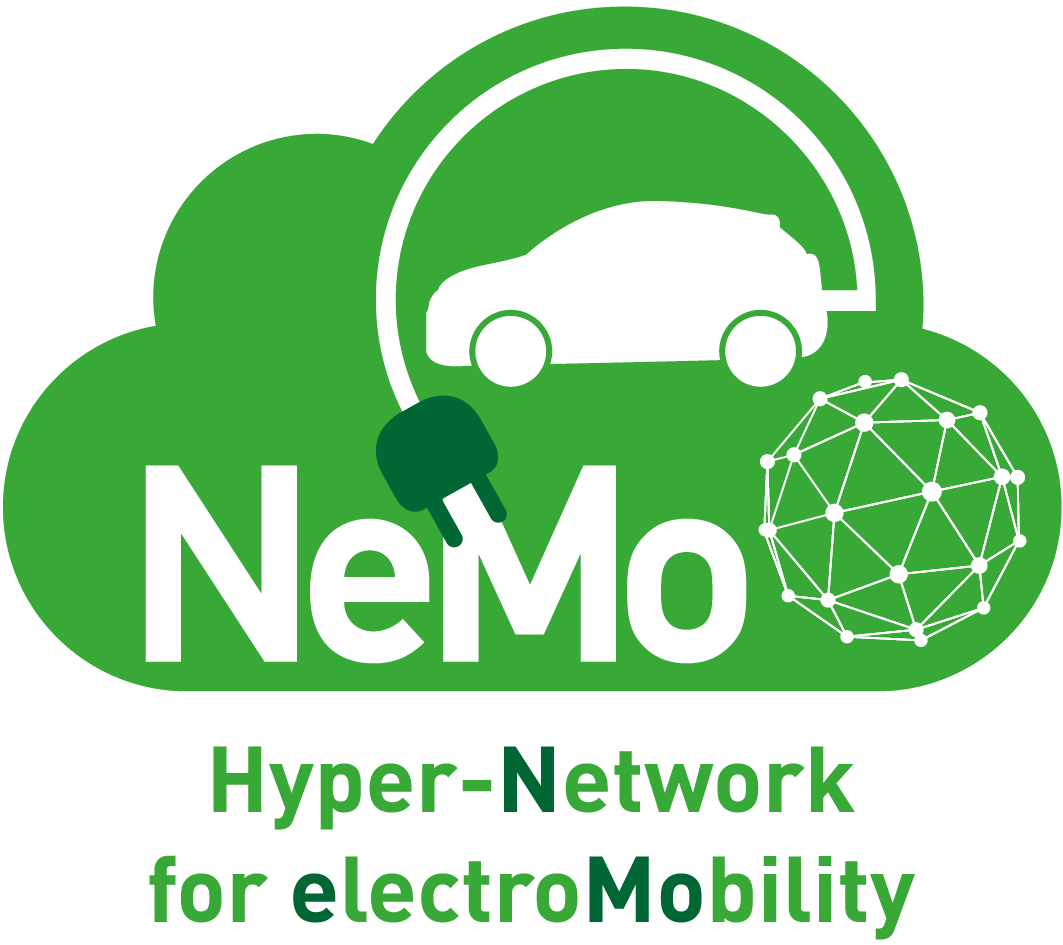
**NeMo Associate Partner application form**



Please fill out and return this form to Dr. Angelos Amditis, NeMo Project Coordinator, at [a.amditis@iccs.gr](mailto:a.amditis@iccs.gr)

<https://nemo-emobility.eu>

Full legal name of your company/organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trading name / public name (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Type of organisation:  Public authority  Infrastructure operator  Service provider  Industry  Academic or research  Association  Other (please specify): | Do you currently provide electromobility services?  Yes: Business to business (B2B)  Yes: Business to client (B2C)  Yes: Both B2B and B2C  No, but plan to do so  No, and no plans to do so.  If yes, please state which one(s) and in which country/countries or regions: |

Do you currently use (purchase) electromobility services?

Yes

No, but plan to do so

No, and no plans to do so.

If yes, please state which one(s) and in which country/countries or regions: \_\_\_\_\_\_\_\_\_\_\_\_\_