**NeMo Associate Partner application form**

 Please fill out and return this form to Dr. Angelos Amditis, NeMo Project Coordinator, at 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_