REQUEST FORM for a non-country EUR- ISIL code

1. **Could you please tell why you are requesting an ISIL code for your Institution?**

2. **Is the ISIL code needed to a specific sub-unit of your Institution?**

☐ YES

☐ NO

3. **If yes, could you please specify why you need a specific ISIL code for your sub-unit?**

4. **Please provide in the table here below the details of the Institution for which you require an ISIL code**

Please note that details preceded by * are mandatory.

*Name of the Institution *(Please insert the full name)*	
Other names *(e.g. acronym under which the organization is known; name of the organization in a different language)*	
Name of sub-unit *(Only if the ISIL code is requested for an Institution sub-unit)*	
*Building number and/or name	
*Street	
*Town	
*Postcode	
*Country *(e.g. Belgium)*	
*Country code	

(e.g. BE)	
*****Contact name** *(Details of a reference person within the Institution)*	
*****Telephone**	
*****e-mail**	