

PARTNERSHIP FORM

SATUC WORLD CUP

Sheikha Charity

SHEIKHA AL-THANI FOR UNDERPRIVILEGED CHILDREN

**PLEASE READ THE PARTNERSHIP FORM
CAREFULLY.**

Completed by.....

Relationship to child.....

PARTNERSHIP FORM

PLEASE FILL IN ENGLISH AND IN BLOCK LETTERS

1. PARTNER ORGANISATION - NAME OF YOUR ORGANISATION

**2. LEGAL STATUS OF YOUR ORGANISATION & OTHER DETAILS
PLEASE SPECIFY YOUR REGISTRATION NUMBER AND ANY
NATIONAL AND INTERNATIONAL BODIES YOU ARE REGISTERED
WITH OR AFFILIATED TO OR A SUBSIDIARY OF.**

**LEGAL STATUS
COMPANY REGISTRATION NO.
(IF YOU ARE A REGISTERED LIMITED COMPANY)
DATE OF INCORPORATION:**

**CHARITY NO. (IF YOU ARE A REGISTERED CHARITY)
DATE OF REGISTRATION**

COMPANY REGISTERED ADDRESS:

**TRADING / OPERATIONS OFFICE ADDRESS: IF DIFFERENT FROM
REGISTERED ADDRESS**

**CONTACT NAME
TELEPHONE / FAX
MOBILE
EMAIL**

**3. WHAT ARE THE MAIN ACTIVITIES OF YOUR ORGANIZATION
AND WHO ARE THE BENEFICIARIES?**

CHARITY STAMPER.

CHARITY
REGISTRATION NO.

CHARITY LOGO
COUNTRY NAME.