



## PARTNERSHIP COOPERATION AGREEMENT FORM

# PARTNERSHIP FORM

Please fill in ENGLISH and in BLOCK LETTERS

1. Partner organisation - Name of your organisation

2. The 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:





## PARTNERSHIP COOPERATION AGREEMENT FORM

# PARTNERSHIP FORM

Trading / operational office address: if different from registered address

Contact Name	
--------------	--

Telephone / Fax	
-----------------	--

Mobile	
--------	--

Email	
-------	--

3. What are the main activities of your organisation and who are the beneficiaries?

4. Name of Trustees  
\*Please enclose all trustee's identity documents (passport copy) & residence address





# PARTNERSHIP FORM

## PARTNERSHIP COOPERATION AGREEMENT FORM

5. Legacy - Specify the purpose your project(s)

7. Compliance

Has any investigation been conducted into your organisation or any of its members for financial or security reasons?

Yes (please specify the nature of the investigation and the outcome)  No

If yes, please supply additional details

8. Financial Accounts

Do you have audited financial accounts for your organisation for the previous three years or therefore since inception?

Yes (please specify when)  No

Additional comments

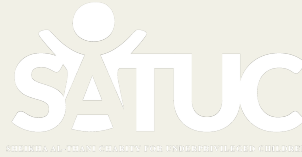
9. Declaration

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I am/we may be held liable for it. We understand that a credit /AML check may be carried out for the company/trustees where necessary.

Signature

Print Name

Date



## PARTNERSHIP COOPERATION AGREEMENT FORM

# PARTNERSHIP FORM

Date: / / 2020

**First Party:** Sheikha Al-Thani for underprivileged children charity (SATUC) No. 855  
Represented by: Sheikha Al Thani

**Second Party:**  
Represented by:

SATUC World Cup, one of the activities of SATUC to provide care and assistance to orphaned and underprivileged children around the world, and the second party has -----, In addition to direct communication with orphans and underprivileged children of ----- in ----- through social research operations and follow-up, therefore, the parties agreed on the following:

### First party obligations:

Ensuring the 8 children within the other teams participating in the SATUC World Cup matches.

### Second Party Obligations:

insure a team consisting of 8 orphans or underprivileged children U15 and tow males adults coaches.

Ensure for the team the equipment, health and safety, training, training camp and preparation to enter the SATUC World Cup.

Ensure for the teams 10 flight tickets for participating to SATUC WC Morocco Tiznit

Ensure full media coordination to promote team, SATUC World Cup and the hosting country.

Signature:

Printed Name:

position :

country:

DATE:

