**Partnership Request Form**

**Organization Information:**

- Organization Name:

- Contact Person:

- Designation:

- Email:

- Phone Number(s):

- Website:

**Partnership Details:**

- Type of Partnership Requested (e.g., sponsorship, collaboration, joint event):

- Brief Description of Your Organization:

- Objectives of proposed Partnership:

- Expected Duration of Partnership:

- Desired Benefits/Outcomes:

- Target Audience:

- Budget Allocation (if applicable):

**Previous Collaborations (if any):**

- Briefly describe two most recent collaborations or partnerships with other organizations:

**Additional Information:**

- Any additional information you would like to provide:

**Declaration:**

I/we hereby acknowledge that the information provided above is true and accurate to the best of my/our knowledge.

(Signature)

Date: dd/mm/yyyy