



## COLLABORATOR NOMINATION FORM

**Name of Collaborating Organization:**

Official Registered No.:

### Contact Details

Address:

E-mail:

Telephone:

Mobile:

Website:

Fax:

### Contact Persons

*Organization Head*

**Full Name:**

E-mail:

Telephone:

Mobile:

*Primary Contact Person*

**Full Name:**

E-mail:

Telephone:

Mobile:

### Briefly Describe the Type of Business or Activity of the Organization

### Briefly Describe How the Organization Can Collaborate with Rainbow Bridge

Signature of Collaborator: .....

Name: ..... Position in Organization : .....

Name of RB member who nominates: .....

Date: .....

### For office use

Approved:       Yes       No      Date :

Reference No.:

Status:

Authorised by: \_\_\_\_\_(Name)      \_\_\_\_\_(Signature)