

SPONSOR NOMINATION FORM

Name of Sponsoring Company / Institution:

Company 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:

Type of Business

Activity / Main Products

(a) Services

Legal Accounting Training Healthcare Insurance IT
Hospitality Food & Beverage Others (please specify)

(b) Manufacturing

(c) Trading

(d) Transport

(e) Others (please specify)

Aid Information

Area(s) of interest (please tick)

Remarks

1. Cash contribution

2. Project Collaboration

3. Staff Participation in Projects Approx. No. of Employees:

4. Corporate Social Responsibility (CSR) Projects (please specify):

Signature of Sponsor:

Name of Sponsor: Position:

Name of RB member who nominates:

Date:



For office use

Approved: Yes No

Status:

Reference No.

Authorised by: _____(Name) _____(Signature)

Signature of Nominee: _____ *Signature of Sponsoring Organization:* _____