

SECTION G: ORGANISATION'S DETAILS

NAME OF ORGANISATION:

TYPE OF ORGANISATION:

ORGANISATION REG. NO.

ADDRESS :
POSTAL CODE
MAIN LINE/
FAX NO.

1ST CONTACT PERSON (NAME/DESIGNATION)
DID/MOBILE :
EMAIL :

2ND CONTACT PERSON (NAME/DESIGNATION)
DID/MOBILE :
EMAIL :

DECLARATION, VERIFICATION & AGREEMENT

I declare that all the information given in this application form is to the best of my knowledge and belief, true and complete and I agree to abide by the terms and conditions governing this application.
I will undertake full responsibility and commitment to the above child's/children's participation the programme.

Name/Designation of signatory

Signature :

Organisation's stamp

Date :