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| **AFRICA RE FOUNDATION STAKEHOLDER/BENEFICIARY APPLICATION FORM** |
| **A. Stakeholder/Beneficiary Details**  |
| **Name:**  |
| **Nature of Business/Engagement:**  |
| **B. Contact Details**  |
| **Person / Physical Address:**  | Name:  |
| Title:  |
| Tel:  |
| Website:  |
| Email:  |
| **C. Project/Initiative:**  |
| **Project Name/Subject:**  |
| **Scope:**  |
| **Justification/Problem/Knowledge Gap:**  |
| **Individual/Community/Corporate Impact:**  |
| **Execution Rate:** | 1. Recurrent: Monthly [ ]  Quarterly [ ]  Annually [ ]
2. One-Off [ ]
 |
| **Project Timeline:** | Start Date:  | End Date:  |
| **D. Beneficiary Partner (if any):**  |
| **E. Project/Initiative Estimated:** | SN | Description | Cost (USD) |
| 1. |   |   |
| 2. |   |   |
| 3. |   |   |
| Total |   |
|  | Total Amount in words:  |
| [ ]  By ticking this box, I hereby give consent to Africa Reinsurance Corporation to process and use the personal data provided as required for the purpose of this form; this includes the transfer of data to a jurisdiction outside my/our country of domicile. For more details on how your personal data will be processed, visit our [Privacy Policy](https://www.africa-re.com/legal_pages/privacy_policy). |

SIGNED BY

**Name:**

**Title/Position:**

**Signature:**

**Date:**