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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:**