

**REQUEST FOR HUMANITARIAN AID**

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**YOUR ORGANIZATION'S NAME, FULL ADDRESS (INCLUDING POSTAL CODE):**

**CONTACT PERSON:**

**TELEPHONE:**

**FAX:**

**E-MAIL:**

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**WHERE, WHEN AND BY WHAT GOVERNMENT AGENCY WAS YOUR ORGANIZATION REGISTERED?**

**REGISTRATION NO.:**

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**IS YOUR ORGANIZATION ENTITLED TO RECEIVE HUMANITARIAN CARGO TAXES AND CUSTOMS DUTIES FREE?**

**NAME THE MAIN TYPES OF ACTIVITIES OF YOUR ORGANIZATION:**

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**GIVE US A SHORT DESCRIPTION OF THE CITY (AREA, REGION, REPUBLIC), WHERE YOUR ORGANIZATION IS WORKING (APPROX. NUMBER OF PERSONS LIVING THERE, MAIN CATEGORIES OF PERSONS IN NEED AND APPROX. NUMBER OF PERSONS IN EACH CATEGORY):**

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**NAME THE MAIN TYPES OF HUMANITARIAN ASSISTANCE YOUR ORGANIZATION IS REQUESTING:**

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**HOW WILL YOUR ORGANIZATION DISTRIBUTE HUMANITARIAN AID YOU ARE GOING TO RECEIVE? NAME THE MAIN CATEGORIES OF PERSONS IN NEED, WHO WILL BENEFIT FROM THIS HUMANITARIAN AID (I.E. ORPHANS, ELDERLY PERSONS, INVALIDS, REFUGEES, ETC.):**

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**Date:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_