# ASSOCIATED PARTNER APPLICATION FORM

Open to institutions (i.e. Credit Guarantee Schemes (CGSs) outside the Euro-Mediterranean region; international institutions; CGS networks from other regions; others) willing to partner to the network.

New associated partners will be approved by the Steering Committee of the network after having received the present form.

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| 1. **Name of the applicant institution and Logo**
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| 1. **Short presentation of the institution**
 | *(between 140-160 words)* |
| 1. **Structure, Bodies and Legal Representative**
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| 1. **Contact Person**
 | Name:Position:Contact information: |
| 1. **Practical information and contact details**
 | Address: Tel: E-mail: Website: |

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| Name and signature of the legal representative of the applicant | Date and place |