# 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** |  |
| 1. **Short presentation of the institution** | *(between 140-160 words)* |
| 1. **Structure, Bodies and Legal Representative** |  |
| 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 |