



NL Agency



**About this form**

- With this form you authorise the lead organisation to submit an application for a subsidy on your behalf.
- Each participant in a consortium applying for a subsidy should fill out and sign a partner form.
- The lead organisation needs to attach the partner form(s) to the application.
- More information can be found on [agentschapnl.nl](http://agentschapnl.nl)  
Follow the link to the programme for which you want to qualify.

**Partner Form**  
Participant in a consortium  
applying for a subsidy

Annex to application form

**1 Partner information**

1.1 Name of organisation

1.2 Chamber of Commerce registration number or equivalent

1.3 What kind of organization is the applicant?  
 a company  
 an NGO (a non-profit organization )  
 a knowledge institute  
 a government department or a public body

1.4 Postal address  
House or P.O Box number      Number addition   
Street or P.O. Box

1.5 Postal code and city  
Postal code  City

1.6 Country

1.7 Is your physical address different from your postal address?  
 Yes  
 No

1.8 Physical address  
House number       Number addition   
Street

1.9 Postal code and city  
Postal code  City

1.10 Country

**Partner Form**

Participant in a consortium  
applying for a subsidy  
NL Agency

**2 Contact person for partner**

2.1	Contact person	<table border="0"> <tr> <td>Title(s)</td> <td>Initial(s)</td> <td>Preposition(s)</td> </tr> <tr> <td>MR.</td> <td>AK</td> <td>CEO</td> </tr> </table>	Title(s)	Initial(s)	Preposition(s)	MR.	AK	CEO
Title(s)	Initial(s)	Preposition(s)						
MR.	AK	CEO						
		<table border="0"> <tr> <td>Family name</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td>ANDERSON KOYO</td> <td></td> </tr> </table>	Family name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ANDERSON KOYO			
Family name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female							
ANDERSON KOYO								
2.2	Telephone	+254 50 2030456						
2.3	Mobile phone	+254 733750518						
2.4	E-mail	imarishanaivasha@gmail.co. or andkoyo@yahoo.com						

**3 Authorisation**

The lead organisation is the organisation that submits the application to NL Agency on behalf of a consortium.

3.1	Lead organisation	<table border="0"> <tr> <td>Name of organisation</td> </tr> <tr> <td>WORLD WIDE FUND FOR NATURE- KENYA (WWF-KENYA)</td> </tr> </table>	Name of organisation	WORLD WIDE FUND FOR NATURE- KENYA (WWF-KENYA)		
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3.2	Project title	<table border="0"> <tr> <td>Project title</td> </tr> <tr> <td>LAKE NAIVASHA BASIN PPP SUSTAINABLE DEVELOPMENT FUND</td> </tr> <tr> <td>Acronym</td> </tr> <tr> <td>LNB-3P-SDF</td> </tr> </table>	Project title	LAKE NAIVASHA BASIN PPP SUSTAINABLE DEVELOPMENT FUND	Acronym	LNB-3P-SDF
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Acronym						
LNB-3P-SDF						

- I authorise the applicant mentioned under 3.1 to submit an application for a subsidy to NL Agency for the project mentioned under 3.2 on my behalf.
- I authorise the applicant mentioned under 3.1 to act on my behalf in all affairs related to the project administration and the settlement of the project.
- I am acquainted with the rules and regulations that apply to this subsidy programme.
- I am authorised to sign this form.
- I declare that I have filled out this form truthfully.
- I have read and accepted the OECD guidelines for multinational enterprises with regard to Corporate Social Responsibility, and will act accordingly.
- I have read and accepted the ILO declaration on fundamental principles and rights at work, and will act accordingly.
- I have read and accepted the UN Convention on biodiversity, and will act accordingly.
- I am aware of the requirement to exclude child labour and forced labour from the trade and investment chain.
- I have read the FMO exclusion list and will not undertake any activity mentioned on the list.

3.3	Signatory on behalf of the partner	<table border="0"> <tr> <td>Name of organisation</td> </tr> <tr> <td>IMARISHA LAKE NAIVASHA MANAGEMENT BOARD</td> </tr> </table>	Name of organisation	IMARISHA LAKE NAIVASHA MANAGEMENT BOARD				
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ANDERSON KOYO								
3.4	Organisation	<input type="checkbox"/> Partner <input type="checkbox"/> Intermediary						
3.5	Date	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td>0 4</td> <td>1</td> <td>0 2 0 1 2</td> </tr> </table>	Day	Month	Year	0 4	1	0 2 0 1 2
Day	Month	Year						
0 4	1	0 2 0 1 2						
3.6	Signature	<div style="border: 1px solid black; padding: 5px; text-align: center;">    </div>						