

WECASS SENEGAL

RENEWABLE ENERGY CENTRE



PARTNERSHIP REQUEST FORM

Please return completed form using the email button or print and post it. You will receive a confirmation shortly.

NAME OF ORGANIZATION

TYPE OF ORGANIZATION

PRODUCTS/ SERVICES

YEAR OF ESTABLISHMENT

WORLD WIDE BRANCH*

COUNTRY OF REGISTRATION

E-MAIL ADDRESS, WEBSITE

CORPORATE ADDRESS, PHONE, FAX

SPECIAL REMARKS

PROP. AREAS OF COLLABORATION**

NAME OF REPRESENTATIVE

POSITION

PERSONAL PHONE NUMBER

Date/Time Field

Signature Field

* WORLD-WIDE BRANCH DISTRIBUTION: PLEASE STATE COUNTRIES WHERE YOUR BRANCHES OPERATIONS ARE LOCATED

** ENVISAGED OR PROPOSED AREAS OF COLLABORATIONS (PLEASE MAKE COMMENT)