

Appendix 2

Application for donation

I. Applicant data

1. Name _____ []	2. Phone/fax _____ []
3. Address _____ []	4. E-mail, website _____ []
5. Authorised representative(s) _____ []	
6. Contact person (full name) _____ []	7. Phone number, e-mail _____ []

II. Legal form and activity of the Applicant – primary information

1. Legal form _____ []
2. Activity description _____ []
3. The most important projects completed during the last 2 years _____ []

III. Project/initiative data

1. Purpose of donation

2. Detailed project description

3. Beneficiaries

4. Total cost of initiative

5. Funds acquired so far (How much? From whom?)

6. Requested amount

7. Settlement deadline

IV. Statements:

1. I state that all information provided in this application are true.
2. I state that I give my consent to the use of all information provided in this application by Mercator Medical S.A. for support-related purposes.
3. I state that I give my consent to the provision of information about forms of charity engagement by Mercator Medical S.A. and the amount of granted support, including the public announcement of the applicant's name and the type of activity covered by financial support.

V. Appendixes:

1. project-related materials,
2. documents confirming the Applicant's legal status (e.g. memorandum or articles of association),
3. copy from the National State Register or any other register relevant to the Applicant,
4. document confirming the authorisation to represent the Applicant.

Date and signature of the Applicant