

PARTNER REQUEST FORM

Organization name: _____ Website: _____

Contact Person: _____ E-mail: _____

Date of application: _____

To make sure your project fits with the Khazana Foundation, please check if your project meets the following 3 principles: the project contributes to financial literacy, supports/is related to boys and girls between the ages of 8 – 18, and is neutral on religion, gender rights and politics.

What is your organization about?

What is the mission of your organization?

Please share the structure of the organization. If working in a project structure, specify the interests involved.

With which initiative can we partner?

How does this partnership benefit us both?

With which parties do you already partner?

How much money is needed for this initiative? Please share your budget plan.

Completed? Please send the filled in form to:
khazanafoundation@gmail.com