



# Application for **Social Partnership** project support for external organizations

## Organizational / Personal information

All items marked with \* are mandatory

Requester\*  Henkel employee  Non Henkel employee

Name\*

Location\*

Department

Phone\*

Email\*

## Details of your project

Project title\* \_\_\_\_\_

Project country\* \_\_\_\_\_ Project city: \_\_\_\_\_

Target group\*  Children 0–18 years old  Refugees  Seniors  
 Adults  Self-help group  Others

Beneficiaries (number of people that will benefit from the project)\* \_\_\_\_\_

## Status: What is the current status of your project?

(Use a separate sheet for your description, if required.)

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## Target: How exactly will the support be used?

(Use a separate sheet for your description, if required.)

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## Details of your organization / institution

All items marked with \* are mandatory

Name of the Organization\*

Street\*

ZIP code\*

City\*

Country\*

Phone\*



Email\*

Website

This organization is authorized to issue a donation receipt that is valid in your country:  Yes  No

### Bank information for the transfer of the donation

Account holder

IBAN/Account №

BIC / SWIFT

Bank\*

Country

Reference

Currency

\* Possibly insert intermediate bank as attachment.

