

Zakład Farmaceutyczny
AMARA Sp. z o.o.
ul. Stacyjna 5, 30-851 Kraków
tel.: +48 12 657 40 40

Application for donation

I. Contact details of the applicant

1. Company name

2. Telephone number*

3. Address

4. E-mail address, website

5. Authorised representative(s)

6. Contact person, full name

7. Telephone number, e-mail

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

1. Legal form

2. Description of activity

3. Major projects carried out in the last few years, including the period of implementation

III. Information about the project under way

1. Aim of donation

2. Detailed project description

3. Beneficiaries

4. Total project cost

5. Funds obtained so far (with specification of donating persons/entities)

6. Amount

7. Settlement date

IV. Statements:

1. I state that all information stated in this application is true.
2. I state that I agree to the use of all information stated in this application by Zakład Farmaceutyczny AMARA Sp. z o.o. for support purposes.
3. I state that I agree to the provision of information by Zakład Farmaceutyczny AMARA Sp. z o.o. about forms of charity commitment and the amount of granted support, including the publication of the applicant's name and type of activity covered by financial support.

V. Appendixes

1. project-related materials,
2. documents attesting the applicant's legal status (e.g., statute or contract),
3. copy from the Polish Court Register or any other register appropriate to the applicant,
4. document confirming authorisation to represent the applicant.

<v>
Date and signature of the Applicant