

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

Application for sponsorship support

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, fullname	7. Telephone number, e-mail

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

III. Information a b out t h e project under way	
--	--

Company name		
Location	 Date	
1. Project description		



2. Aim

3. Beneficiaries

 $\textbf{4. Planned promotional}\,\&\,\textbf{advertising setting}$

5. Sponsor pack content

6. Project sponsors

7. Media patrons

8. Budget of the event

9. Requested amount



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.

Date and signature of the Applicant