

## REQUEST FOR HUMANITARIAN AID

**This form pertains to the overseas consignee who will be receiving the humanitarian aid.**

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Organization's Name:

Mailing Address:

Physical Address:

Contact person(s):

Telephone No:

Fax:

Email:

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Registration No. of Organization:

By what government agency was your organization registered?

Where?

When?

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Is your organization entitled to receive humanitarian cargo tax-free and customs duty-free?

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Give us a short description of the city (area, region) where your organization is working. Include the number of people living there, categories of people in need and approximate number in each category.

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Please list the main types of activities of your organization:

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Please list the main items of humanitarian assistance your organization is requesting (clothing, shoes, educational materials, medical equipment, etc.).

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How will your organization distribute the cargo? Name the main categories of people in need who will benefit from this cargo (i.e. orphans, elderly, invalids, refugees, etc.):

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Person completing this request (please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_