

# ORGANIZATION REGISTRATION FORM – GOVERNMENT

## ORGANIZATION DETAILS

**Organization Name:**

**Division / Directorate:**

**Address:**

**Country:**

**Head Division / Directorate:**

**Job Title:**

**Email address 1:**

**Email address 2:**

**Contact number 1:**

**Contact number 2:**

## AUTHORIZED PERSON DETAILS

S	Name (First, Middle last Name)	CPR Number	CPR Expiry Date	Nationality	Passport Number	Passport Expiry Date	Job Tittle	Email	Mobile and Phone Number

**Documents Required:**

- CPR from both side and Passport copy for authorized person.

**Note:**

- All documents required should be scanned and send along with the form.