



## ASDA PARTNERSHIP REGISTRATION FORM

### Organisation Details

- Organisation Name: \_\_\_\_\_
- Country: \_\_\_\_\_
- Office Address: \_\_\_\_\_
- Website: \_\_\_\_\_
- Official Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Contact Person

- Full Name: \_\_\_\_\_
- Position/Designation: \_\_\_\_\_
- Email: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_

### Areas of Partnership Interest

- Cadet Training & Development
- Technical Training Programs
- STCW Compliance & Maritime Certification
- Crew Deployment Collaboration
- Research, Policy & Capacity Building
- Exchange Programs
- Institutional Accreditation Partnership
- Other (specify): \_\_\_\_\_

### Board Representation

- Nominate a representative to ASDA Board? (Yes/No)
- Representative Name: \_\_\_\_\_
- Designation: \_\_\_\_\_

**Declaration** I \_\_\_\_\_ confirm that the information provided is accurate and our organisation is interested in partnering with ASDA.

**Signature / Date**