

AGENCY REGISTRATION FORM



Agency Details

Name of Agency:	
Website:	
Office address:	
Purpose and Mission of Agency:	

Eligibility

Local Non-Profit NGO

Local Non-Profit, Non-Governmental Organization (NGO), or Charitable Entity in Bangladesh

Donor/Embassy

Donor agency involved in Bangladesh assistance projects; Embassy involved in promoting and funding humanitarian/development project

UN

UN agency involved in Bangladesh assistance projects

International Non-Profit NGO

Non-Profit International NGO or Charitable Entity registered in a foreign country

Government of Guinea

Government of Guinea office involved in humanitarian/development projects (may not use flight service for political missions)

Other

A recognized organization or business involved in Guinea assistance projects (must be able to provide evidence of humanitarian/development activities in Guinea)

Sector of Work

(In reference to the Sustainable Development Goals. Check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1. No Poverty | <input type="checkbox"/> 2. Zero Hunger | <input type="checkbox"/> 3. Good Health and Well-being | <input type="checkbox"/> 4. Quality Education |
| <input type="checkbox"/> 5. Gender Equality | <input type="checkbox"/> 6. Clean Water and Sanitation | <input type="checkbox"/> 7. Affordable and Clean Energy | <input type="checkbox"/> 8. Decent Work and Economic Growth |
| <input type="checkbox"/> 9. Industry, Innovation and Infrastructure | <input type="checkbox"/> 10. Reduced Inequalities | <input type="checkbox"/> 11. Sustainable Cities and Communities | <input type="checkbox"/> 12. Responsible Consumption and Production |
| <input type="checkbox"/> 13. Climate Action | <input type="checkbox"/> 14. Life Below Water | <input type="checkbox"/> 15. Life on Land | <input type="checkbox"/> 16. Peace, Justice, and Strong Institutions |
| <input type="checkbox"/> 17. Partnerships for the Goals | Other _____ | | |

Location of Projects

List the prefectures where your agency is working:

If additional prefectures need to be listed, please provide an additional spreadsheet detailing the same.

Flight Requests and Bookings

List the following information for two persons from your agency who will be the primary points of contact with the MAF booking office. The listed individuals will be responsible for disseminating relevant information to the agency's passengers (i.e. reporting times, flight updates, procedures, policies, safety information, schedules, and rates).

Name	Local Cell	Email
------	------------	-------

Name	Local Cell	Email
------	------------	-------

Payment

Indicate preferred method of payment:

- Cash Cheque
 Bank Transfer Advance Account Payment

Agreement

By signing this form, you agree to the following:

- All passengers and cargo booked on MAF flights will be associated with our agency and travelling for our agency's humanitarian/development activity in Guinea. Our agency will not use MAF flights for commercial use, sponsor commercial users or to carry any prohibited goods.
- When requested (and where applicable) our agency will provide proof of non-profit status, and registration as a charitable organization.

Authorized representative for Agency SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY (FILLED IN BY MAF)

AGENCY HAS SIGNED THE 'AIR SERVICE AGREEMENT'

AGENCY IS APPROVED FOR MAF FLIGHTS

APPROVED RATE: _____

MAF Accountable Manager SIGNATURE: _____ DATE: _____