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| Contact Form for Consultants – GGF Technical Assistance Facility  |
| Full legal name of Lead Organization/ Individual: |  |
| Trading Name (if different from above): |  |
| Country of Registration: |  |
| Address of registered office: |  |
| Postal address (if different from above): |  |
| Telephone number (including country code): |  |
| Contact person: |  |
| Contact person’s position in the organization: |  |
| Contact person’s email address: |  |
| Alternate contact person: |  |
| Alternative E-mail: |  |
| Website of the organization: |  |
| LinkedIn profile: |  |
| Briefly describe your business |  |
| Summarize your ideas for collaboration with the GGF Other relevant information, e.g., project references |  |