



PARTNERSHIP FORM

COMPANY'S DATA

A. Name: _____
 Address: _____
 Office Tel.: _____ E-mail: _____
 Website: _____ BBM: _____
 Facebook: _____ Other Social Media: _____
 Handle: _____ State(s) of Operations _____
 Country: _____ Date of Incorporation & RC No.: _____
 Trustees: _____

Affix
Passport
Here

B. Mode of Partnership

Institution / Academy ICT Industry Others _____

Company's Profile: _____

Contact Person(s) _____

Tel: _____ E-mail: _____

Facebook _____ Others _____

C. Area(s) of Service(s) Interested? IT Staff Recruitment IT Student(s) Recruitment

ICT Sales & Services Promotion Others: _____

FILL OR CHECK APPLIED

1. No of IT Staff Needed _____ Area of Specialization: _____

Qualification(s) required _____ Age(s) _____

Work Location(s): _____ Staff Salary Ratio: _____

Agreed Commission & Maturity Period: _____

2. No of IT Students Needed: _____

Courses Offering: _____ Location(s) _____

Certification Exams Offering: _____

Discounts: _____ Agreed Commission(s) & Maturity Period: _____