

FORM FC 2

ACID SURVIVORS FOUNDATION, REGISTRATION NO: 1501

FORM FC—2

[To be filled in by persons/ organizations seeking foreign contribution under the Foreign Contributions (Regulation) Ordinance, 1982 (Ordinance No. XXXI of 1982.)]

1. Particulars of the persons or organization (Full name in Block letter) and complete address including present and permanent address	Name : Address:
2. Registration No. and date if registered under sub-rule (3) of rule 3 of the F.D. (V.A.) R. Rules, 1978.	Not Applicable
3. Status / position of the person/ persons or organization proposing contribution.	Not Applicable
4. Purpose of the contribution	For supporting the survivors of acid violence
5. Beneficiary / beneficiaries of the contribution	ACID SURVIVORS FOUNDATION
6. Total Amount of contribution	
(a) Cash	
(b) Technical assistance	Not Applicable
(c) Commodity assistance	Not Applicable
(d) Others	Not Applicable
7. Terms of contribution including period covered	
8. Any other information of significance	
<i>Description of Donation in kind to be received</i>	
Item Name	Quantity
Not Applicable	Not Applicable

I/we hereby declare that the above particulars are correct.

*Signature of the persons or
of the authorized person of
the organization*

Place :

Name:

Date:

Address: