**Partnership Registration Form**

**TO BE COMPLETED BY PARTNER**

Organisation Name: Type Name of Organisation

Postal Address: Enter Postal Address

Physical Address: Enter Physical Address

Telephone: Enter Phone Number

Fax: Enter Fax Number

Organisational Website (if none, attach evidence of eligibility): Enter Website Address

Organisation Category: Select Category

Type of Work: Select Work Type

**OPERATIONAL CONTACT DETAILS** (This person has authorisation to book & confirm flights)

Name: Enter Contact Name

Role: Enter Organisational Role

Email: Enter Contact Email

Telephone: Enter Contact Phone Number

**FINANCE CONTACT DETAILS** (This person is responsible for paying for flights)

Name: Enter Finance Contact Name

Role: Enter Organisational Role

Email: Enter Finance Contact Email

Telephone: Enter Phone Number

 Enter Phone Number

Average number of flights per month: Enter Number

Planned terms of payment (select one option below):



*By signing below, we confirm that we have read, understood and will abide by MAF’s “Terms & Conditions for Partnership with MAF”. We confirm that the above contact details are correct and that we will notify MAF promptly in the event of any changes.*

Name: Enter Name

Role: Enter Organisational Role

Signed:

Date: Select today’s date

**FOR MAF USE ONLY *Finance*** Confirm conditions for flying met:  ***Ops***

Account Number: Fare modifier applied:

Details entered into PSF: Details entered into Wingman:

Finance Signature: Ops Signature:

Date: Date: