**Summary of Sending Organization**

（written by the head of the candidate’s work place）

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Name of Representative** |  |
| **Address** |  |
| Tel: | Fax: |
| **Date of Foundation (established)** |  |
| **Relation with the organization which receives the trainee** |  |
| **Type of Business** | Social Welfare NGO |
| **Capital** (in local currency or US$) | **Net Sales** (most recent fiscal year)  | **Number of full-time employees** |
|  |  |  |
| **Main Trading (transaction) Partner Country** | Exports |
| Imports |
| **Name of Manager** **(person responsible)** |  | **Position** |
| **Date prepared** (Y/M/D): 　 **Name of the sending organization:** **Position and name of the person responsible:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |