**Summary of Sending Organization** （written by the Recommender）

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |