

1. Requesting Organisation/Entity			
Name		Date of request	
Mailing Address			
Contact Person			
Title		Email	
Phone		Website	
Company Registration Number (CVR number)			
2. Beneficiary Organization/Entity – If different from requesting entity			
Name			
Mailing Address			
Contact Person			
Title		Email	
Phone		Website	
Company Registration Number (CVR number)			
3. Previous support: Have you received previous support by Maersk Line or other A.P. Moller entities?			
4. Project description:			
5. Nature and size of request: What support is requested from Maersk Line?			
Cash			
Freight (i.e. donation of freight from port A to B)			
Containers (i.e. donation of the actual container)			
Other			
6. Timeline and scope of contribution:			
7. Geographic focus:			

8. Cause/s supported:

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9. Shipping industry specificity:

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10. Impact measures:

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11. Donor dependency:

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12. Other partners:

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13. Benefits for Maersk Line:

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To be completed by MAERSK LINE PERSONNEL only:

Who in Maersk Line has assessed the request	
Who in Maersk Line will lead the project (if different from above)	
Insert name of responsible Cluster/s for implementation	
Insert unique ID of authorizing Cluster Top	
Please indicate results from priority assessment tool (optional)	