



Individual Partnership Form

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Mobile Number: _____ NRC #: _____

Residential Address: _____

Email Address: _____

Occupation: _____

PARTNERSHIP INFORMATION

Monthly – Amount: K250 K500 K1000 K2500 K5000

Other: K _____

Paid out: Once off Monthly Quarterly Yearly

Other (specify) _____

PAYMENT METHOD

Cheque (Make cheque payable to Kupes Young Womens Network Limited)

Bank Deposits – **Bank:** BancABC
Branch: BancABC House
Account Name: Kupes Young Womens Network Limited
Account Number: 2141860990013

Cash

Date: _____

Signature: _____

(For Partner)

We value your partnership!!!

Tel: (+260) 955 587373

Plot 945 Nalikwanda Road, Woodlands, Lusaka

Email: admin@kupesnetwork.com | Website: www.kupesnetwork.com

Empower | Inspire | Motivate