GUARDIANS OF DAZU ROCK CARVINGS APPLICATION FORM（Organizations）

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| --- | --- | --- | --- |
| Organization Name |  | Country |  |
| Year Established |  | Area of Expertise |  |
| No.of Personnel |  | License  (*organization code, certificate or other documents proving the legitimacy of the organization*) |  |
| Post Address |  |  |  |
| Contact Person Data | | | |
| First Name |  | Last name |  |
| Type of Document Held (*e.g. Passport, Certificate of Identity*) |  | Document No. |  |
| Telephone |  | E-mail |  |
| Experience | （*organization background, achievements, honor. Do not exceed 300 characters*.） | | |
| Work Plan |  | | |
| Declaration | 🞎 I declare that the particulars and documents furnished in this application are true and correct.  Reference Affiliation:  Date： | | |

Signature of Applicant：(*signature and organization’s official seal*) Date：