

ELITE CONSTRUCCIONES S.L.

PUNTA EUROPA, MALABO, GUINEA ECUATORIAL TEL. NO: (+240) 555 696 400 TEL. NO: (+44) 330 043 1528

EMAIL: elite@eliteconstruccion.com WEB: www.elite-equatorialguinea.com

SPONSORSHIP APPROVAL FORM

Date of Request:	
CDONCORCUID	
SPONSORSHIP	
Description of the event:	
Value and Payment Method:	
value and Fayment Method.	
Purpose/Occasion relating to the Sponsorship (What will the Recipient use the contribution for?)	
Date of the Event to be Sponsored:	
How did the Sponsorship request originate (e.g., internally by Employees or externally with a Third Party)?	?
Please describe what the Company will receive in return for the Sponsorship.	
SPONSORSHIP RECIPIENT	
Recipient Name (organization or group):	
Recipient Contact Information (name, title, phone number):	
Describe the nature and purpose of the Recipient's organization or group.	
Has the Recipient received other Sponsorship(s) from the Company within the past year?	☐ Yes ☐ No
If yes, please describe the prior Sponsorship(s).	
Is the Recipient a Government Official or Government and Politically-Affiliated Entity?	☐ Yes ☐ No
If yes, please provide full details.	
Will any Government Official or Government and Politically-Affiliated Entity benefit from the Sponsorship, directly or indirectly?	□ Yes □ No
If yes, please provide full details.	



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Does the Recipient or	the Recipient's Employer ha	ave any business or business-related decision p	pending (e.g., a contract,	
application, tender, ap	pproval, license, permit, etc.)	with the Company?	☐ Yes ☐ No	
If yes, please provide	full details regarding the per	nding business.		
Are you aware of any	Elite Construcciones SL cor	npetitor or Supplier sponsoring this event?	☐ Yes ☐ No	
If yes, please provide	full details.			
		ment or transaction (e.g., how Elite Construccio	nes SL will make the Sponsorship	
in an open and transp	arent way).			
Requestor name and signature:				
				
This portion is to be filled in by Company				
Checked and validated by:				
		Review & Approval		
		PP -		
0		10:		
Compliance	Name:	Signature	Date	
General Manager	Name:	Signature	Date	

CEO/Director	Name:	Signature	Date	