**Impact Investment Initiative for Global Health (Triple I for GH)**

**Registration of Organization Information and Point of Contact**

|  |  |
| --- | --- |
| **Organization Information** | Please provide information about your organization. |
| Name (Legal entity name) |  |
| Location of Legal Entity Stated Above | Street Address |  |
| City |  |
| Post/ Zip Code |  |
| Prov/ State |  |
| Country |  |
| Any Other Office Locations(List countries) |  |
| URL of your Website |  |
| Do you agree that the link to your website will be embedded in the Triple I Website? | ☐Yes　　☐No |
| Organization Type(Tick one) | [ ] Private Investor[ ] Development Finance Institutions[ ] Multilateral Development Banks/ Public Development Banks[ ] Corporates[ ] Foundations[ ] Donor Organizations[ ] NPO, NGO[ ] International Organization[ ] Other (Please Specify) ( ) |
| Please provide a brief description of your organization and its primary activities. |  |

|  |  |
| --- | --- |
| **Contact Information** | Please provide contact information on senior representative, point of contact (POC) for Triple I and additional secondary contacts.  |
| Senior Representative | Title (Mr. Ms., etc.) |  |
| First Name  |  |
| Last Name |  |
| Department |  |
| Position |  |
| Email |  |
| P.A Email (if applicable) |  |
| Phone |  |
| Point of Contact(All communication from the Triple I Secretariat will be addressed to the POC) | Title (Mr. Ms., etc.) |  |
| First Name  |  |
| Last Name |  |
| Department |  |
| Position |  |
| Email |  |
| P.A Email (if applicable) |  |
| Phone |  |

|  |
| --- |
| Additional Secondary Contacts: These contacts will receive the same information as the PoC |
| First Name | Last Name | Department | Position | Email | Phone |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Your Reasons for Signing (Optional Question)** | Please provide information on your reasons for signing. |
| How did you hear about Triple I?(Tick all that applies) | [ ] Direct contact from a Triple I representative[ ] From a Triple signatory[ ] From a current or potential client[ ] After seeing Triple I in the media/ press releases[ ] At an event (Please Specify) ( )[ ] Other (Please Specify) ( )　　　  |

Note: All information provided through this document will be managed under the provisions of Triple I [Privacy Policy](https://tripleiforgh.org/privacy.html).