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

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

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| **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. | |  |

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| **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 |  |

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