

APPLICATION FORM FOR PRIVATE ENTERPRISES

Assessment of [*name of company/organization*]

Author:

Date completed:

A: FACTS AND FIGURES

1. Contact Information

Name of Company/Organization:

Address:

Telephone number:

Fax number:

Website:

2. Corporate headquarters contact information (if different from above):

3. Type of company/organization (public, private, legal entity etc):

4. Number of employees (including subsidiaries, if known):

5. Sector of activity (e.g. food and beverage, automotive, information technology, petrochemicals, etc):

6. Main products (list only most important or attach a full list of products if available):

7. Does the company/organization manufacture or sell any products related to the alcohol, tobacco or arms industries? Yes No

7(a). Do you receive funding from alcohol, tobacco or arm industries? Yes No

8. Parent company or major subsidiaries (attach a full list, if available):

9. Countries or regions where company does business (attach a full list, if available):

10. Target audience/customers:

11. Latest Annual Report from [indicate year] (include in file)

12. Does the company/organization work with any other program, practices or partnerships?
13. SENIOR EXECUTIVES
a. For company/organization being assessed:
President or CEO:
Chairman:
b. For parent company (if different from above)
President or CEO of mother company:
Chairman of mother company:
c. PAHO contacts within the company:
B. ETHICAL INFORMATION
1. Mission statement (attach if available)
2. Social Responsibility (attach copies of relevant company policies or reports)
a. Does the company/organization have a history of corporate philanthropy or corporate giving? <input type="checkbox"/> Yes <input type="checkbox"/> No Include name of corporate foundation if relevant:
b. Does the company/organization give to health -related issues or causes? <input type="checkbox"/> Yes <input type="checkbox"/> No