

Partnership Amendment Form



Partnership Name: _____

Remit: _____

Work Priorities: _____

Website Address: _____

Publications: _____

Date Established: _____ **Last Review Date:** _____

Current Funding: _____

**Succession/
Exit Details:** _____

First Point of Contact

Name: _____

Job Title: _____

Contact Organisation: _____

Address: _____

_____ **Post Code:** _____

Telephone No: _____ **Fax No:** _____

Email Address: _____

Please photocopy additional sheets if required.

