



**THE REPUBLIC OF UGANDA**  
Ministry of Gender, Labour and Social Development  
**NGBVD Service Provider Registration Form**

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**INSTRUCTION:**

Please fill in all details in this Form.

**INSTITUTION INFORMATION**

<b>Name of Institution</b>			<b>Acronym</b>	
<b>District</b>	<b>Sub County</b>		<b>Parish</b>	
<b>Category of organization</b>	Prevention	<input type="checkbox"/>	<b>Year of Registration</b>	
	Response	<input type="checkbox"/>	<b>Registration No</b>	
	Prevention & Response	<input type="checkbox"/>	<b>Tax Identification No</b>	
<b>Website</b>				

**CONTACT INFORMATION**

<b>Names of Contact Person</b>	
<b>Title</b>	
<b>Telephone No</b>	
<b>Mobile No</b>	
<b>Email</b>	
<b>Address</b>	

**ALTERNATIVE CONTACT INFORMATION**

<b>Names of Contact Person</b>	
<b>Title</b>	
<b>Telephone No</b>	
<b>Mobile No</b>	
<b>Email</b>	

**GBV SERVICES**

Health & Medical     Psychosocial Service     Security and safety     Legal and Justice     Media & Awareness

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Filled by:..... Title: .....

E-mail: ..... Tel: .....

Date ..... Signature & stamp.....

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