



Annex-1:

No.	Donation Request Evaluation Form	
1	Name of individual/title of institution requesting donation:	
2	Address of individual/institution requesting donation:	
3	Name of the contact person:	
4	Title of contact person:	
5	Contact information of the contact person:	
6	Type of requested donation:	<input type="checkbox"/> In-kind <input type="checkbox"/> Monetary
7	If monetary, amount requested:	
8	If in-kind, requested product:	
9	Has ŞOK donated this institution before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	If yes, when?	
11	Does ŞOK have any advertising expectations in return for this donation? If yes, please explain briefly.	
12	Does this donation create any potential compliance risk in relation to the Donations Policy of ŞOK and/or applicable laws? If yes, please explain.	
13	Name and signature of the employee who filled the form:	
14	CEO or CFO signature:	

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