

# Strategic Partnership Exclusivity Form

Date

Enter date

Reference Number

Enter reference number

Partner Organization 1

Name of Organization 1

Partner Organization 2

Name of Organization 2

Purpose of the Partnership

Describe the purpose of this partnership

## Exclusivity Terms

Scope of Exclusivity

Define the scope of exclusivity

Exclusivity Period

State the duration (e.g., start and end date)

Exclusivity Conditions

Outline any special conditions

## Signatures

Partner 1 Name

Name

Title

Title

Date

Date

Signature

(Signature)

Partner 2 Name

Name

Title

Title

Date

Date

Signature

(Signature)