

**Ministry Partner Form** Today’s Date: 09/10/2012 (dd/mm/yy)

1. Local Ministry Partner: The Apostolic Church, Sawer Assembly

2. Local Denomination: The Apostolic Church Ghana

3. International Mission Affiliation:

*(per attached list. If none or indigenous, write "NONE." If other, write "OTHER" and the name of the Foreign Mission Affiliation. If we discover that there a number of denominations not on our current list, we can add them, but try to choose, whenever possible, from the list)*

## 4. Partnership Agreement Date: 1-10-2012

## Day–Month-Year

## 5. Termination Date *(if applicable)*:  -  -

Day-Month-Year

***MINISTRY PARTNER CONTACT INFORMATION***

C1. Contact Name: Pastor Rockson Kofi Appiah

C2. Job Title: District Pastor

C3. Phone: 233-242544373 C4. FAX:

C5. E-mail: kofirockson77@yahoo.com

# LOCATION

L1. Mailing Address: P. O. Box 434

Somanya

L2. Physical Address: Opposite Agapet filling station

*(if different from* Sainya

*mailing address)* Somanya