

Commemorative Event or Project Contribution

Contact details

1	Name of organisation						
2	Title	Rank		Mr	Mrs	Ms	Other
3	Last name						
4	First name/s						
5	Postal Address						
	Country (if not New Zealand)					Post Code	
6	Other contact details						
	Home Phone					Work Phone	
	Mobile Number					E-mail Address	

Commemorative event or project

7 Outline the commemorative event or project a contribution is being sought for

Contribution

8 How much contribution are you seeking? \$

9 What part of the event or project is the contribution for?



Please enclose a budget break down for the event or project.

10 When is the contribution required?

11 Are any other organisations providing assistance?

(Please describe their contribution and include all organisations which you have approached for funding).

12 Have you or your organisation received a contribution previously?

No Yes

If yes, how much was received? \$

What was the purpose of the previous contribution?

Checklist | Complete before you send your application

- If you are applying for funding for a reunion**, make sure you apply **before** the reunion.
- If you are applying for a memorial in a public place**, include written consent from the landowner (such as a local council)
- Answer** all questions in pages 1 and 2
- Attach** a budget breakdown and any quotes for the event or project
- Read** and **sign** the Privacy and Consent Statement on page 3.

Additional information

How to apply

- Download, scan, or take photos of the completed form and supporting information, and email to: veterans.projects@nzdf.mil.nz, or
- Post the completed form and the supporting information to:
Veterans' Affairs, PO Box 5146, Wellington 6140.

You can find more information, including details on the supporting evidence we require at: www.va.mil.nz/a-z/commemorative-project-contribution

Privacy Statement

You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- www.va.mil.nz/privacy

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on www.va.mil.nz/privacy
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

Signature | Please sign

Claimant or authorised person

Claimant or authorised person name
Claimant or authorised person signature / / D D / M M / Y Y Y Y

Helper | Complete this section if you've helped the claimant to complete this form.

Helper name
Helper's relationship to claimant