Commemorative Event or Project Contribution

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

You can find more about the Event of Project Contribution, and assistance with about the supporting material that we require here:
www.va.mil.nz/a-z/commemorative-project-contribution

Contact Details

1 Name of organistion or group making the application?

2 Title of the person making the application

Rank ☐ ☐ Mr ☐ Mrs ☐ Miss Other ☐

3 Full name of the person making the application

First name

Family name

4 Contact details of the person making the application?

Email

We will contact you to verify this address

Home phone Mobile phone

Work phone

Commemorative event or project

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

6 How much contribution are you seeking?

$

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

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

8 When is the contribution required?

9 Are any other organisations providing assistance?

(Please describe their contribution and include all organisations which you have approached

Commemorative event or project *continued …*

10 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?

Commemorative event or project

11 What bank account do you want payments to be made to?

Name of the account

You must attach **one** of the following

☐ A bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, **account holder's name and the account number**, or

☐ A screenshot from a banking app or website that displays **all** of the following:

- The account holder's full name
- The name or logo of the bank, and
- The bank account number.

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 3

☐ Attach a budget breakdown and any quotes for the event or project

☐ Read and sign the Privacy Statement on page 4.

Email your completed application form and any supporting documents to:

veterans.projects@nzdf.mil.nz

OR

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

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 the privacy statement posted to you, please email ***veterans@nzdf.mil.nz*** to request it.

Acknowledgement

I acknowledge that:

- the information I have given in this form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on this application.
- I have read and understood the Privacy Statement for Forms on ***www.va.mil.nz/privacy***

Authorised person's signature

Signature of claimant or authorised person:

Today's Date:

D D / M M / Y Y Y Y

First names:

Surname:

Position:

Organisation: