Commemorative Travel Contribution

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

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

Personal Details

1 Veterans' Affairs number (if known)

☐☐☐☐☐☐☐☐☐

2 What is your title?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

3 What is your full name?

First name

Middle names

Family name

Preferred name

Other names/ known as

4 What is your date of birth?

D D / M M / Y Y Y Y

5 Where do you live?

Street address

Suburb

City Postcode

Country

6 What are your contact details?

Email

We will contact you to verify this address

Home phone Mobile phone

Work phone

Service details

A list of Qualifying Operational Service declarations and deployments are on our website at this address ***www.veteransaffairs.mil.nz/eligibility/qualifying-service/list-of-qualifying-operations/***

7 Did you serve with the New Zealand Defence Force?

☐ No ☐ Yes

8 Do you have Qualifying Operational Service?

☐ No ☐ Yes

9 Dates of Service

	Enlistment date MM/YYYY	Discharge date MM/YYYY
Service period 1	/	/
Service period 2	/	/
Service period 3	/	/

10 Rank

11 What is your service number?

☐☐☐☐☐☐☐☐

Details of Commemoration or Battlefield Revisit

12 Name and location of commemoration or battlefield revisit

13 Is it part of an official commemoration?

☐ No ☐ Yes **What is the commemoration?**

Details of Commemoration or Battlefield Revisit *continued …*

14 Dates of the commemoration or visit

From D D / M M / Y Y Y Y

To D D / M M / Y Y Y Y

15 Total cost of the proposed travel

$

16 How much contribution are you seeking?

Please Note: The maximum contribution as of August 2023 is $2,500.

$

17 Have you received a commemorative contribution previously?

Please Note: If you received the previous maximum of $2,000, you are not eligible for further funding. If you received less than $2,000, you may apply for a further contribution up to the maximum of $2,500.

☐ No ☐ Yes

18 If you have previously received a contribution towards commemorative travel, what was the purpose of that contribution?

19 How does attending this commemorative activity connect with your Qualifying Service? What does it mean for you to attend?

Bank account

20 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

- ☐ Answer all questions in pages 1 and 3
- ☐ Attach evidence of travel (receipts for flights or car rental, accommodation confirmation)
- ☐ Read and sign the Privacy and Consent 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.

Signature and acknowledgement

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 or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), 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.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

D D / M M / Y Y Y Y

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

Helper's relationship to claimant:

First names:

Surname: