

# Commemorative Travel Contribution

## Personal Details

1	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Title	Mr <input type="text"/>	Mrs <input type="text"/>	Ms <input type="text"/>	Other <input type="text"/>							
3	Last name	<input type="text"/>										
4	First name/s	<input type="text"/>										
5	Other name/s known as	<input type="text"/>										
6	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>										
7	Residential address	<input type="text"/>										
<input type="text"/>												
<input type="text"/>												
Country (if not New Zealand)										Post Code		
8	Other contact details											
Home Phone						Work Phone						
Mobile Number						Fax Number						
E-mail Address												

## Service Details Refer to the list of qualifying operational service found on our website

9	Did you serve with the New Zealand Defence Force?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10	Do you have Qualifying Operational Service?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11	Dates of service	<input type="text"/>	
12	Rank	<input type="text"/>	
13	Service number	<input type="text"/>	

## Details of Commemoration or Battlefield Revisit

14	Name and location of commemoration or battlefield revisit	<input type="text"/>	
		<input type="text"/>	
15	Is it part of an official commemoration?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
16	If yes – what is the commemoration?	<input type="text"/>	
17	Dates of the commemoration or visit	<input type="text"/>	
18	Total cost of the proposed travel	\$ <input type="text"/>	
19	How much contribution are you seeking?	\$ <input type="text"/>	

**Please Note** — the maximum contribution as of August 2023 is \$2,500.

**20 Have you received a commemorative contribution previously?**

☐ No ☐ Yes

**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.

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


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


**Checklist | Complete before you send your application**

- ☐ **Answer** all questions in pages 1 and 2
- ☐ **Attach** evidence of travel (receipts for flights or car rental, accommodation confirmation)
- ☐ **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](mailto: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-travel-contribution](http://www.va.mil.nz/a-z/commemorative-travel-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](http://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](http://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

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(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