

GRANT APPLICATION FORM



P H Vickery
Charitable Trust

To: The Trustees of the P H Vickery Charitable Trust
C/- Duncan Cotterill Lawyers
PO Box 5
Christchurch 8013

Email: phvickery@duncancotterill.com

Applicant's Details

Full name of applicant:			
Address (Street address or PO Box):			
Contact Person:		Email address:	
Telephone number:		Mobile number:	
Copy of applicant's latest financial statement enclosed:		Yes/No (please circle applicable option)	
Are you GST registered?	Yes/No (please circle applicable option)	GST No:	
Are you Donee Status registered?	Yes/No (please delete as required)		

Reason for Applying

What will this grant be used for? (please use a separate sheet if required)	
How will this grant benefit the elderly of Southland? (please use a separate sheet if required)	
Please supply cost breakdown/budget: (please use a separate sheet if required)	
Have you applied for funds for the same purpose from any other source? YES/NO (If Yes, give full details, using a separate sheet if necessary)	
Total Amount Requested from the P H Vickery Charitable Trust	\$

PLEASE COMPLETE THE DECLARATION ON THE NEXT PAGE

Declaration

We declare that the information provided in this grant application is true and correct, to the best of our knowledge, and that we have the authority to make this application on behalf of the applicant.

We confirm that the applicant fully understands that any and all grant monies received from the P H Vickery Charitable Trust (the **Trust**) can only be used for the purpose for which the grant was approved.

For the purposes of the Privacy Act 2020, the applicant understands that:

- (a) the Trust collects, holds, uses, and discloses personal information on this form for the purposes of considering grant applications, administering grants, communicating with applicants and grant recipients, undertaking identity checks, verifying information provided, and for legal compliance; and
- (b) Duncan Cotterill Lawyers may undertake any of the above activities when acting on behalf of the Trust, and may hold, use, and disclose personal information for those purposes.

Signature:		Signature:	
Printed name:		Printed name:	
Position:		Position:	
Date:		Date:	