



Charitable Trust

Application Form

Please answer all the questions (if not applicable please enter "N/A") and supply all the information required in support.

Name of Organisation:

1. Address: Street
District/City
Postal

Telephone Email

2. Contact Person: Name
Position
Telephone (Bus) (Res)
..... (Res)
E-mail

3. Are you a Charitable Trust, Registered Charity, Trust, Incorporated Society or Other? All registered Incorporated Societies, Charities and Companies should have a number that can be checked online.
If Other, please specify:
.....
.....

Please provide us with your charities registration number.
A charities registration number can be obtained from the Charities Commission. For further information go to www.charities.govt.nz



Charitable Trust

Application Form (continued)

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.....
.....

8. **Do you anticipate any material change in your organisation’s financial circumstances in the next 12 months?**

Yes	No
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If so, please explain:

.....

9. **How much money is your organisation requesting from the Dunedin Casino Charitable Trust?** \$

How much money has your organisation set aside/already raised for this project? \$

The balance of cost to be found is \$

TOTAL COST OF PROJECT \$

Please provide details if you have other funding secured for this project, and list any other funding agencies you have applied to:



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Application Form (continued)

12. **You may be required to provide us with copies of the items listed below. We will contact you requesting this information if required.**

- a Annual Accounts (ie your most recent accounts);
- b Copy of your organisation’s Constitution/Rules/Deed of Trust/Charter;
- c Annual Report.

13. APPLICANT’S DECLARATION:

- a This application has the formal approval of our controlling Board/Committee/Authority, and
- b to the best of my knowledge, the information provided herein and on the supplementary sheets is true and correct, and
- c that further information provided by us during the course of assessment of this application will be true and correct, and
- d we acknowledge that any decision made by the Dunedin Casino Charitable Trust is final. We accept that no reasons for such decision will be given, nor will any correspondence be entered into.

For and on behalf of our organisation:

Name (print): Signature:

..... Position:

..... Date:

CHECKLIST – HAVE YOU:

COMPLETED ALL THE QUESTIONS ON THIS FORM?

ENCLOSED A COPY OF CONFIRMATION OF YOUR CHARITABLE ORGANISATION OR CHARITIES COMMISSION REGISTRATION NUMBER?





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Application Form (continued)

APPLICATIONS CLOSE Friday 03 MAY 2024

POST TO: The Administration Trustee, Polson Higgs, P O Box 5346. Dunedin

EMAIL: jackie.mcbride@ph.co.nz

COURIER: Polson Higgs, 139 Moray Place, Dunedin

BY HAND: As for Courier

