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PORT BLAKELY LTD NZ FORESTRY CHARITABLE COMMITTEE

Application Form

Name of Organisation:

Postal Address

Street Address

Telephone Number

Fax Number

Contact Persons Name / Number

Name of Project

Project Description

Amount (\$) Requested

Total Project Budget

Applicant Declaration:

I, _____ am authorised by the organisation to make this application on its behalf and say that all the information provided is true and correct. Personal information will be kept strictly confidential, and by submitting to the committee you agree to Port Blakely Ltd NZ Forestry Charitable Committee viewing this information.

Date

Signature