

HAVE YOU APPLIED TO ANY OTHER ORGANISATION FOR FUNDING? YES / NO

OTHER SOURCES OF FUNDING APPLIED FOR / GRANTED

OTHER RSA FUNDS: \$
NO DUFF, OR OTHER CHARITABLE ORGANISATION: \$
FAMILY MEMBERS: \$
OTHER SOURCES: \$
OTHER SOURCES: \$
TOTAL FUNDS FROM ALL OTHER SOURCES: \$

SUPPORTING INFORMATION:

Tick as applicable to what is attached to this form to support the application

MEDICAL CERTIFICATION	
DOCTOR OR SPECIALIST LETTERS	
CORRESPONDENCE / LETTERS / LEGAL DOCUMENTS	
RECIEPTS / INVOICES / QUOTES / BILLS	
OTHER (please specify)	

AUTHORISATION:

Whilst this may not be in my handwriting, I certify that the above details are correct.
Under the Privacy Act 2020, I authorise the Taupo RSA Joint Welfare Committee to act on my behalf with power to search, copy and verify as necessary any information concerning my welfare application.

Applicant or Agents Signature: _____ **Date:** _____

Agents details (if applicable): Name: _____ Contact Number: _____

Contact Email: _____

OFFICE USE:

APPLICANT REFERENCE NUMBER:

APPROVED / NOT APPROVED (circle one) **AMOUNT:** \$.....

FUND TO BE PAID FROM: (circle one) POPPY TRUST / TAUPO RSA TRUST / TAUPO RSA INC

PAYMENT METHOD:

COMMITTEE NAME: SIGNED:

COMMITTEE NAME: SIGNED:

COMMITTEE NAME: SIGNED:

COMMITTEE NAME: SIGNED:

COMMITTEE NAME: SIGNED: