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BLAKELY PACIFIC 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 Blakely Pacific Charitable Committee viewing this information.

Date

Signature