



# Donation Application Form

## NOTES ON DONATION APPLICATIONS (AND PAYMENT OF)

1. You can't apply for things you will have bought, or events which will have passed, prior to when your application is considered by our committee (visit [www.pubcharitylimited.org.nz](http://www.pubcharitylimited.org.nz) for committee dates and deadlines);
2. You need to be applying for a non-profit organisation, which has a constitution and keeps financial records;
3. Applications need to be for costs/events within New Zealand;
4. Applications must be for the benefit of the applicant organisation (not another organisation – i.e. for no 3rd party);
5. We can only approve 'authorised purposes' as per the Gambling Act 2003 and our Constitution;
6. You have to use a donation for the purpose(s) stated in your application (we expect receipts etc as proof);
7. If you receive other funds for the same purpose(s) you apply for, you must return any leftover money;
8. Commission based (or partly commission based) fundraisers can't apply. Nor can any individual in your organisation profit financially from the approval of a donation;
9. If your organisation is GST registered you should apply for goods and/or services exclusive of GST.  
(NB: Our donations do not contain GST – we do not claim any portion of the donation as deductions on GST paid).
10. Where an applicant organisation has indicated that they have applied to more than one source for amounts that exceed the total required, this application will be declined.
11. Should you fail to comply with any of the above conditions Pub Charity Limited reserves the right to seek full repayment.

**We, the undersigned, verify that the information provided in this application is true and correct to the best of our knowledge and that we have the authority to make the application on behalf of the applicant entity. We also understand and accept the legal requirements of this application.**

Secretary (or executive member) of Applicant Group

Other executive member of Applicant Group

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Printed Name of Above Signatory

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Printed Name of Above Signatory

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Before you send in this application please check through the following list:

### CHECKLIST HAVE YOU:

- ☐ Taken a full photocopy of everything that is to be sent in? (Pub Charity Limited must keep everything submitted)
- ☐ Provided a preprinted bank deposit slip, or a stamped and verified bank deposit slip, or a bank statement in the name of your organisation?
- ☐ Attached your organisation's resolution to apply to PUB CHARITY LIMITED for a SPECIFIC PURPOSE, which is SIGNED and CERTIFIED as being true and correct by your organisation's secretary or other executive committee member?
- ☐ Attached competing quotes, indicating which is the preferred quote for each item requested (or provided a letter explaining why you can't get more than one quote for each item)?
- ☐ Provided quotes (not invoices/estimates) that are less than 3 months old; are addressed to your organisation; are not in an email format; and which clearly show the supplier's details?
- ☐ Provided a clear cost breakdown with subtotals for all items requested in your application?
- ☐ Included financial accounts (ideally externally audited. If they aren't externally audited, explain why)?
- ☐ Attached proof of non-profit status (e.g. certificate/seal of incorporation and/or Deed of Trust)?
- ☐ Attached evidence of your organisation's affiliation to a national or regional body?
- ☐ Fully completed all fields in Parts 1, 2 and 3 of this application and ensured all Parts are being submitted?
- ☐ Read the whole form carefully and visited our website for further information?

Please visit our website **[www.pubcharitylimited.org.nz](http://www.pubcharitylimited.org.nz)** for further information on our donations criteria and advice on how to fill in this form.

## PART 2

<b>To: Pub Charity Limited</b> <b>Level 2, 190 Taranaki St</b> <b>PO Box 27-009</b> <b>Wellington</b>		<b>Date:</b> /    /	For help completing this application please visit <a href="http://www.pubcharitylimited.org.nz">www.pubcharitylimited.org.nz</a>
<b>Name of Applicant organisation</b> (as it appears on your organisation's deposit slip)		-----	
<b>Type of Organisation</b> (e.g. Charitable Trust, Non Profit body, Sports club, etc...)		-----	
<b>Is your organisation GST registered?</b> (if yes please provide GST registration number)		NO    YES    -----	
<b>Physical Address</b> (of your organisation's clubrooms, office, etc...)		----- -----	
<b>Mailing Address</b> (of your organisation. Please add your postcode)		----- -----	
<b>Email Address</b>		-----	
<b>Telephone Numbers</b>		Office/clubroom etc.    -----    After hours    -----	
<b>Contact Person</b>		-----	
<b>Contact Person's Street Address</b>		----- -----	
<b>Contact Person's Telephone Numbers</b>		Work    -----    After hours    -----	

What is the donation to be used for and when? (summarise here, but also use separate sheet if longer explanation is needed)

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Cost breakdown (summarise here, but also use separate sheet if longer explanation is needed. Attach quote evidence)

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Has the applicant organisation applied for funds for the same purpose from any other source?

(Summarise here, but also use separate sheet if necessary)

YES

NO

Other organisation applied to:

Amount

Outcome

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**Total amount requested  
from Pub Charity Limited**  
 (words and figures)

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\$

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(For company use only) Date approved:    /    /    Direct credit:    -----

## CONSENT TO AUDIT

We agree to comply with a request from an officer of the Department of Internal Affairs or Pub Charity Limited for additional information about the receipt and use of any donation received as a result of this application.

We agree that an officer of the Department of Internal Affairs or a representative of Pub Charity Limited may direct an audit or inspection of the books, accounts, or data systems into which funds received as a result of this application have been deposited. This may be conducted by:

- (i) a chartered accountant in public practice, or
- (ii) a person appointed by the Department of Internal Affairs

We agree that the audit or inspection will be carried out in a manner approved by the Department or Pub Charity Limited, within the timeframe specified by the Department or Pub Charity Limited. This person shall pay for the cost of such an audit.

Signature of Secretary: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(or other executive member of your organisation's committee)

Printed name of above signatory: \_\_\_\_\_

**Impress common seal (if you have one)**

Where did you get this form from? \_\_\_\_\_  
(if from a bar, which bar?)

## WAYS TO ACKNOWLEDGE PUB CHARITY LIMITED

If your application is successful you may wish to acknowledge Pub Charity Limited's support. Please include in your application an outline of how you would do this.

For example you might:

- Mention us in your newsletter, website or magazine
- Acknowledge us at your AGM, Prize-giving or official opening
- Approach local newspapers/radio stations about our support
- Place our logo on uniforms and/or equipment
- Name an event, building, team, competition, piece of equipment or training programme after us
- Erect plaques, or signs with our logo around your premises/facilities

Logos can be downloaded from our website **[www.pubcharitylimited.org.nz](http://www.pubcharitylimited.org.nz)**

**Please Note: Pub Charity Limited would not be able to raise any funds in your community without the continued support of your local Pub Charity Limited member(s) and the people playing our gaming machines.**

## FOR NET PROCEEDS COMMITTEE USE ONLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Declined

Amount approved: \_\_\_\_\_

\_\_\_\_\_