# Applicant Details

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| **RSA/Organisation Name:** |  | | **Date Submitted:** |  |
| **Applicant Name:** | **First Name** | **Surname** | **Applicant**  **Date of Birth:** |  |
| **Residential Address:** |  | | **Gender:** |  |
| **Ethnicity:** |  |
| **Contact Email:** |  | | **Contact Phone:** |  |
| **Full name of the Veteran/Service person:** | *(If the applicant is a partner/family member)* | | **Veteran/Service person's Date of Birth:** |  |
| **Service Number:** |  | | **Service the veteran belongs to:** | (e.g. Navy, Army, Airforce...) |
| **Bank Details:**  *(To be paid by participating RSA/organisation)* | **Bank Account** | | **VA Number:** |  |
| **Bank Account Name** | | **RSA Member Type & Number:** |  |

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| **Claim Details** |

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| **Date of Visit** | **Type of Expense** | **Amount Charged** | **Approved** |
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| **Welfare / Treatment Expenses Total:** | | **$** | **$** |

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| By submitting this form, you agree and declare  *\** *This information to be true and correct*  *\* Confirm these expenses have not been claimed from any other RSA or organisation (or insurance provider)*  *\* Information may be shared with other organisations that can assist*  *\* This form will be submitted to PFT committee for review, if approved payment is made to the participating RSA*  *\* We collect personal information to provide help, support and assistance to veterans and their whanau in New Zealand.  You can view our privacy policy*  <https://www.ranfurly.org.nz/?Action=PrivPol> |

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| **Name** |  | | | | |  | |  |  |
|  | *Name of the Applicant* | | | | |  | |  |  |
| **Date** |  |  |  |  |  | |
|  | DD |  | MM |  | YY | |