

DONATIONS IN KIND

CONTAINER/GOODS DESPATCH APPLICATION

The following information is required to facilitate approval of this application.

Funding Project No.....

Consignor / Sender:

Name of Club/Organisation.....

Contact Name.....

Address.....

.....

Phone..... Email.....

Port/Place of dischargeProposed final destination.....

Has the recipient provided a list of requested items/equipment? Yes / No

Contents of container: ***Please attach list of required items/equipment***

From where will contents of the container be sourced? (Donations in Kind / Others)

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Proposed dates for loading/packing.....

Approx. how many volunteers can you provide to assist in loading/packing

Consignee / Receiver:

Name of Club/Organisation.....

Contact Name.....

Address.....

.....

Phone.....Mobile.....Email.....

Notifying Party in recipient country:

Name.....Phone No.....Mobile.....

Email.....

Please note: A quotation will be provided on approval of this application. If accepted, payment must be submitted four (4) weeks prior to confirmation of dates for container loading.

Please return to Regional Manager: