

## Yinhawangka Charitable Trust Distribution Application Form

## **Companion Animal Policy**

Advancing Social Welfare

Provides each registered beneficiary with financial assistance with the costs associated with caring for animals such as veterinary treatment, shire registration, boarding kennels, sterilisation, microchipping, general medications and equipment. The policy **does not** provide funds for the purchase of animals, payment of fines/impoundment or for food other than that supplied by a vet.

BENEFICIARY INFO	ORMATION								
Application Date:					Date of Birt	h:			
Full Name:							Suffix:	☐ Junior ☐ Senior	
Street Address:									
City / Suburb:					State:		Postcode:		
Email:					Phone:				
☐ Please tick if the phone	number provide	d is a ne	ew number and	d you v	vould like us	to update your	contact de	<u>tails</u>	
APPLICATION DET	AILS								
Pet name:	Туре				of animal:				
Details of expense, medical procedure /									
condition:									
Funds requested:	Up to \$15,000 per beneficiary per financial year (included in \$15,000 co sub-limit)						in \$15,000 combined		
REIMBURSEMENT	OR PAYMEN	NT DIE	RECT TO S	UPPI	JER?				
Have you already paid t	he bill?	☐ Yes	5	□N	0				
If 'yes' please provide:	☐ Quote / invoice/ receipt detailing services and that the account has been paid; and / or ☐ Bank statement / remittance showing the funds were paid from your bank account.								
If 'no' please provide:	☐ A quote or invoice from the supplier detailing the services and the amount owed; and ☐ Supplier contact, payment details and ABN, these details should be included on the supplier invoice.								
Applications will No	OT be processe	d until	supporting d	ocum	entation an	d supplier pay	ment deta	ails are received.	
I am not eligible fo		•	•	urce i	n relation to	this account (e	e.g. anothe	er Trust,	
I understand that nonce all required so						al Trust) within	FIVE (5) b	usiness days	
Beneficiary Signature	ə:				Date:	/ /			
NOTE: Please keep a per the Yinhawangka	_	•	-	/ be a:	sked to acco	ount for how t	hese fund	ls were spent as	

Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 Email: <a href="mailto:perthadmin@mutualtrust.com.au">perthadmin@mutualtrust.com.au</a> Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909 If you have any queries, please contact us on (08) 9230 7700