

Claim for payment - Afforestation Grant Scheme

REGIONAL COUNCIL POOL

Grantee Details

Name: _____	Client Number: _____	
Bank account for Grant deposit		
Bank: _____	Account name: _____	Account No: _____

Grant Details

Grant No: _____	Tendered amount per hectare: \$ _____
Grant Agreement No: _____	
Area planted to Grant Agreement Specification (hectares): _____	Total Claim \$ _____

Declaration

I/we hereby declare that the above statements and particulars are correct and complete and that I/we have complied with the terms of my/our Afforestation Grant Agreement.

Signed by applicant: _____ Date: _____

Status: _____
Registered landowner, forestry right holder, lessee, trustee or other authorised signatory (specify).

Office Use Only

Date Received: _____

Geospatial file showing planted area by species and establishment year received and filed in CCIS (Y/N): _____

Claim selected for audit (Y/N): _____

Audit Result: _____

Approved for Payment

Signature: _____ Position: _____

