

# 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: \_\_\_\_\_

