

## Application Form For Use of Sir Peter Blake's Name

Name of organisation applying for consent:

Name of person making this application on behalf of the organisation:

Position within organisation:

Contact details: (please note we may use this address to send you the results of your application)

Mailing address:

Telephone: Mobile: e-mail:

Date of application:

Year the organisation was formed:

Type of work the organisation does:

Do any of your activities take place outside New Zealand?

Proposed use of the Sir Peter Blake name. (Please provide sufficient detail, including about where, how and in what form you propose to use the name, and for what purposes and timeframes).

Please describe below how your proposed use of Sir Peter Blake's name might complement the work of Sir Peter and the Sir Peter Blake Trust.

Is your organisation and, in particular, its governance and administration, credible and financially secure? (give details).

How can you assure us that your organisation is consistent with and complementary to the Trust and unlikely to cause controversy?

How will your proposed use of the Sir Peter Blake name benefit the audiences and stakeholders of both your organisation and the Sir Peter Blake Trust?

## Any other comments/issues?

Names of your trust board members or management:

## Names of three referees (with contact details) who we can contact to verify the work of the organisation:

- 1.
- 2.
- Ζ.
- 3.

By submitting this application, the organisation confirms that:

- the information provided in this application form is true and correct;
- it has not withheld any information which the Sir Peter Blake Trust may consider to be relevant; and
- it consents to independent enquiries being made by the Sir Peter Blake Trust about the organisation and its personnel.

Signed for the organisation by:\_\_\_\_\_

(Signature of person making the application on behalf of the organisation)

## Please post a signed copy of this application to:

CEO Sir Peter Blake Trust PO Box 106-955 Customs St Auckland Ph: 09 307 8875

And email an electronic copy of this application (if possible) to: info@blakenz.org