

# ANKAMUTHI CHARITABLE TRUST

## DISTRIBUTION APPLICATION FORM

### ESSENTIAL HOUSEHOLD ITEMS



#### *Advancing Relief of Poverty*

Provides each registered Ankamuthi Beneficiary with financial assistance to assist with costs associated with the purchase of essential household items that typically heat, cool, cook, wash and clean, plus general furniture, crockery, and cutlery. People on the Register of Ankamuthi Beneficiaries may combine their applications. They do not need to reside at the same address. Payments are made direct to suppliers or direct to the beneficiary on proof of receipt of payment, up to a limit of \$1,250 per financial year

SECTION 1 - BENEFICIARY INFORMATION		
Application Date: ____/____/____	Date of Birth: ____/____/____	
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
<input type="checkbox"/> If your contact details are the <b>same</b> , tick the box and skip to Section 2. If <b>changed</b> , please update below		
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	
SECTION 2 - FUNDS REQUESTED		
<input type="checkbox"/> Household Items (please list below)      Supplier(s): _____		
<input type="checkbox"/> Please attach invoice(s) detailing items purchased from supplier showing the amount owed, supplier contact details, payment details and ABN.		
<b>Notes</b> _____ _____ _____ _____		
<b>IS THIS A REIMBURSEMENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach quote/tax invoices)		
<b>TOTAL OF CLAIM</b>	\$ _____	

### SECTION 3 – ASSIGNMENT OF FUNDS

Provide the details of the person you are assigning funds to below

Are you assigning (gifting) funds to an Ankamuthi Beneficiary?	<input type="checkbox"/> Yes Provide their details below	<input type="checkbox"/> No
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

AMOUNT YOU  
ARE ASSIGNING

\$

**Applications will NOT be processed until supporting documentation and supplier payment details are received.**

- I am not eligible for benefits from any other funding source in relation to this account (e.g. another Trust or government agency).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

**Beneficiary Signature:**

**Date:**     /     /

**Please send completed forms and supporting documents to Mutual Trust by:**  
**Fax:** (08) 9230 7701 **Email:** [Ankamuthi@Mutualtrust.com.au](mailto:Ankamuthi@Mutualtrust.com.au) **Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909  
If you have any queries, please contact us on (08) 9230 7744