



Matched Giving Program

Application Form

Section A – About you

Please print or type clearly, remember to sign your name and date the form, and then forward to your site coordinator.

First name	Initial	Last name
Employee number	Site name	
Work address		
Work email	Contact number	

- I confirm that this application is made in accordance with the Matched Giving Program guidelines and the BHP Billiton Code of Conduct. I understand that any deliberate misrepresentation by me of the statements made herein will result in disciplinary action and potential termination.
- I do not want the JK Group to give my name to the not-for-profit organisation on whose behalf I am claiming a match. Note: If you do not tick this box, the JK group will inform the not-for-profit organisation that the payment from BHP Billiton is for your contribution. No other details but your name will be provided to them.
- BHP Billiton may provide reports on Matched Giving applications made by employees to Asset or Group Function Leaders.
- I confirm that this donation was not made to, or would intentionally personally benefit, any government official, either directly or indirectly.

Signed _____ **Date** _____

Section B – Community organisation details

Please tell us about the community organisation you support.

Name of organisation _____

Organisation's address _____

Contact person at the organisation _____

Contact's phone number _____

Contact's email address _____

Section C – Your community contribution

You may claim for more than one not-for-profit organisation – use a separate form for each

Donations

Amount	Currency	Date of donation
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Note: You must attach receipts to verify your donation, and the donation must have been made during the current financial year.

Receipts from the immediately previous financial year will only be accepted from July 1 to September 30.
After this grace period NO applications from the previous financial year will be accepted.



Matched Giving Program **Application Form (cont)**

Section C – Your community contribution (cont)

Fundraising

Please tell us about your fund raising (funds raised by you personally on behalf of a not-for-profit organisation)

Amount raised through your efforts

Currency

Date funds were raised

Note: You must attached receipt or a letter from your organisation to verify your fundraising, and the fundraising must have been done during the current financial year.

Please give a brief description of how you raised these funds:

If you are applying to match funds raised through a fundraising committee you must list the names of the BHP Billiton employees that formed the committee.

Volunteering

Please tell us about where you volunteer, and the time you are claiming in this section.

Total number of hours volunteered (minimum 2 hours)

Specific dates you did this volunteering from / / to / /

Note: You must ensure that an office bearer completes the section below to be eligible for matched funding. The volunteering must have taken place during the current financial year.

Describe what you did while you were volunteering:

You must provide the specific dates and hours of your volunteering.

Please complete the following section listing all your volunteer dates and hours (continued over page).

Date (DD/MM/YYYY)	Start time	End time	No. hours volunteered
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1.			
2.			
3.			
4.			
5.			
6.			



Matched Giving Program **Application Form** (cont)

Section C – Your community contribution (cont)

Date (DD/MM/YYYY)	Start time	End time	No. hours volunteered
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
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21.			
22.			
23.			
24.			
25.			

Section D – The not-for-profit organisation must complete this section (volunteering application only)

To be completed by an office-bearer of the organisation (other than applicant):

I certify that the application for _____ has completed _____ hours of volunteer work

Their time has been given freely and work done for this organisation has been without benefit to themselves, to any members of their family, not to any related third party.

Office bearer's signature _____

Office bearer's name _____

Organisation _____

Position in organisation _____

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After this grace period NO applications from the previous financial year will be accepted.*