

NOT-FOR-PROFIT APPLICATION FORM

THE NOT-FOR-PROFIT ORGANIZATION DETAILS

Once a not-for-profit organization is approved, it is given a CAF validation number. Check with your MGP organizer to see if your organization has a number or see matchedgiving.bhpbilliton.net

If so, please use it; you do not need to give this information again.

If the organization *does not* have a number, please fill in this information.

Organization Name: _____

Full Address: _____

Contact person's Name: _____ Title: _____

Contact Tel: _____ Fax: _____

Web Address: _____ E-mail: _____

What is the formal legal status of your organization? (please tick)

501(c)3 charitable organization -

Other (please specify) _____

Bank Details:

Bank Account Holder Name: _____

Bank Name: _____

Routing No: _____

Account No: _____

Describe briefly how this organization provides a benefit to the community. _____

IF YOUR ORGANISATION IS NOT A 501(C)3 -

CAF NEEDS DOCUMENTATION ABOUT HOW THIS ORGANIZATION IS GOVERNED

- Your organization's EIN (Employer Identification Number) _____
- A voided check with a signature of an authorized representative of the organization.
- A copy of your organization's IRS determination letter.

I certify that the organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>.

I certify that the organization named in this application (and any of its officers, directors, or affiliated organizations) does not knowingly provide financial, technical, in-kind, or material support to any individual or entity that supports or engages in terrorist activity. Furthermore, this organization takes reasonable steps to ensure that its funds and resources are not used by this organization, or any organization to which these funds are distributed or re-granted, to support terrorists or terrorist activity.

When the form is completed, please give it along with your application form to:

The Matched Giving Program Organizer at your site. It will be sent by them to CAF Australia for processing.

Signature of Authorized Representative: _____