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| APPLICANT DETAILS – must be registered member: | |
| Name of Applicant: | |
| Address: | |
| Contact Phone Number: | Contact Email Address: |
| REQUEST DETAILS: What is the purpose of receiving the whalebone item e.g. recognition of services, special celebration. | |
| If the item is to be given as a koha or gift, please provide the recipient's details below: | |
| Recipient Name: | |
| Address: | |
| Phone Number: | Email Address: |
| OTHER INFORMATION: | |
| Is there a time limit for this request? YES / NO | If Yes, what is the date that you would like to receive the item? |
| Contact details for people with further information to assist your application: | |

Signature of Applicant: _____

Date of Application: _____