

## Registration form instructions

1. Download the Registration Form from our website, [www.perpetual.com.au/philanthropy](http://www.perpetual.com.au/philanthropy). This is a writeable PDF and can be saved, shared and refined internally before being lodged.
2. Complete the registration form below in Adobe Acrobat Reader. The latest version of Adobe Acrobat Reader can be downloaded for free by clicking the 'GET ADOBE READER' button from <http://www.adobe.com/downloads/>  
**Please note there is a limited amount of space to answer each question and the space provided reflects this.**
3. Save your completed registration as "<Organisation Name> Perpetual Registration 2010".
4. Ensure the form is accurate and complete and email the form to [philanthropy@perpetual.com.au](mailto:philanthropy@perpetual.com.au), with the subject line reading "<Organisation Name> Perpetual Registration 2010". It is imperative to state your organisation name in the subject line of the email.



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This brochure was prepared by Perpetual Trustee Company Limited (PTCo) ABN 42 000 001 007, AFSL 236643. References to Perpetual, we or us are to Perpetual Limited (ABN 86 000 431 827) and its subsidiaries. All financial advice and trusteeship is provided by Perpetual Trustee Company Limited ABN 42 000 001 007, AFSL 236643 or its authorised representatives whose registered office address is Angel Place, Level 12, 123 Pitt Street, Sydney NSW 2000, Australia.

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### For further information

**Perpetual Philanthropic Services**

Phone 1800 501 227

Email [philanthropy@perpetual.com.au](mailto:philanthropy@perpetual.com.au)

[www.perpetual.com.au](http://www.perpetual.com.au)

# Registration Form

## 1. Organisation information

organisation name			
department (for universities and hospitals)			
ABN			
is your organisation a hospital, university or medical research institution?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
street address			
suburb	state	postcode	
postal address			
suburb	state	postcode	
organisation's establishment date			

### Briefly describe your organisation's establishment and achievements to date

<p>what is the approximate annual revenue generated by the organisation?</p> <p>provide a percentage breakdown of how revenue is generated:</p>					
government	%	philanthropic	%	corporate/ sponsorship	%
fundraising	%	membership income	%	service fees	%
other	%				
website link or contact for financial statements					
are your accounts audited?	yes <input type="checkbox"/>	no <input type="checkbox"/>	please provide the year your accounts were last audited	YYYY	
how many people work within the organisation (paid)		how many people work within the organisation (volunteer)			
do you give Perpetual consent to contact your organisation? (events, surveys, research, IMPACT newsletter)	yes <input type="checkbox"/>	no <input type="checkbox"/>			

### What is the organisation's mission statement?

### 1. Organisation information (continued)

the organisation works within which sector:	<input type="text"/>
the organisation or department primarily assists people of the following religion:	<input type="text"/>

What is the primary objective of the organisation?

### 2. Contact details

#### Chief executive officer

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>
first name(s)	<input type="text"/>				
last name	<input type="text"/>				
phone (after hours)	<input type="text"/>		phone (business hours)	<input type="text"/>	
email	<input type="text"/>				
position	<input type="text"/>				

#### Chair

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>
first name(s)	<input type="text"/>				
last name	<input type="text"/>				
phone (after hours)	<input type="text"/>		phone (business hours)	<input type="text"/>	
email	<input type="text"/>				
position	<input type="text"/>				

#### Chief finance officer

title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>
first name(s)	<input type="text"/>				
last name	<input type="text"/>				
phone (after hours)	<input type="text"/>		phone (business hours)	<input type="text"/>	
email	<input type="text"/>				
position	<input type="text"/>				