



APPLICATION OF TRUST FUNDS

PURSUANT TO SECTIONS 589 AND 590 OF THE ANGLICAN
DIOCESE OF BATHURST ADMINISTRATION ORDINANCE

Parish/Organisation: _____

Name of Trust: _____

AMIF Account No (if known): _____

Purpose(s) for which the trust may be applied: General Specific* *(tick one)*

*If specific, give details: _____

Is the corpus available for application: Yes No *(tick one)*

Amount to be applied: _____

Payment details (Direct Funds Transfer)

Account Name: _____

BSB: _____

Account No: _____

Purpose(s) for payment (please include copies of relevant invoices, contracts, etc, if for a specific purpose payment)

Authority of Parish/Organisation

Authority of the Parish/Organisation at a duly convened meeting of the Parish/Organisation Committee/Council received (include copy of minutes)

Parish Priest: _____ Date: _____

Warden 1: _____ Date: _____

Warden 2: _____ Date: _____

Authority for payment

Registrar: _____ Date: _____

Certified by Bishop: _____ Date: _____