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##### APPLICATION FORM

#### Name of the Conservation Covenanting Program

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#### Full Name of the Organisation administering the Conservation Covenanting Program

…………………………………………………………………………………………………...

Home Web Page Address ……………….…………………………………..

Australian Business Number …………………………………………….….

**Contact Officer (CEO or similar)** ………………………………………….

**Position in organisation** …………………………………………………….

I have sought advice on, and am aware of, relevant provisions and requirements under *Schedule 7, Division 31, paragraph 31-5 (5)(c) of the* Income Tax Assessment Act 1997 *(the Act)*. Yes / No

**Signature** ……………………………… **Date** ………/………/………

Postal Address ………………………………………………………………………………….

Telephone No. …………………………… Facsimile No. …………………………………

Email Address …………………………………………….

Please forward your application to the following contact:

Assistant Secretary

Biodiversity Policy and Water Science Branch

Department of the Environment and Energy

GPO Box 787

CANBERRA ACT 2601