

Award Recipient Information

This form is to be used by receipients to provide information required by the Town of Cambridge in order to receive the award.

| Recipient Details | | |
|--|----------------|----------|
| Award Name | | |
| Name | | |
| Address | | |
| Suburb | State | Postcode |
| Email | | |
| Phone Number | | |
| Bank Details Bank/Financial Institution | | |
| Account Name | | |
| BSB | Account Number | |
| | | |
| Declaration By signing this form, you are declaring that the recipient information above is true and correct. Name | | |
| ivaine | | |
| Signature | Date | |
| Please return the completed form to the mail@cambridge.wa.gov.au | | |

Phone: (08) 9347 6000

Email: mail@cambridge.wa.gov.au