



Application for Home Composting Rebate

As part of Council's commitment to sustainability and reducing organic waste from going to landfill, limited **rebates of \$30** are offered to ratepayers when they **spend \$100 or more** on eligible home composting products.

Complete this form and send with relevant documents to:

MAIL City of Whitehorse, Locked Bag 2, Nunawading Delivery Centre, 3131
FAX 9262 6490
EMAIL customer.service@whitehorse.vic.gov.au

CONDITIONS

- Only City of Whitehorse residents are eligible to apply for this rebate.
- The rebate is a \$30 one-off payment applying to eligible home composting products purchased in the previous 12 months.
- Claims can only be made on the products listed below and where the total value of the products is \$100 or more.

Have you attached copies of the following required documentation to this application?

- The purchase receipt/s
- EFT Application Form (to receive your rebate via Electronic Transfer, please fill out the form attached - if not, you will receive a cheque in the mail).

APPLICANT DETAILS

Name: _____

Address: _____

Email: _____

Daytime Phone: _____ Mobile: _____

PRODUCT INFORMATION

Select the type of home composting products you are claiming and their cost.

- | | |
|--|----------|
| <input type="checkbox"/> Compost/Mulch Bin | \$ _____ |
| <input type="checkbox"/> Worm Farm | \$ _____ |
| <input type="checkbox"/> Bokashi Bucket/Starter Kit | \$ _____ |
| <input type="checkbox"/> Compost Worms (Booster Boxes) | \$ _____ |
| <input type="checkbox"/> Bokashi Mix | \$ _____ |

DECLARATION

I certify that the information provided in this form is true and correct:

Signature: _____ Date: ____ / ____ / _____



Whitehorse City Council
Vendor Details Form
To be supplied by the payee

Please send completed form to your Council contact:
Attention: _____
Whitehorse City Council, Locked Bag 2, Nunawading
Delivery Centre 3110
Phone: (03) 9262 6333 Fax: (03) 9262 6490
Email: customer.service@whitehorse.vic.gov.au

VENDOR USE ONLY

General details	
Name	
Registered name	
Address (Line 1)	
Address (Line 2)	
Suburb	
State	Postcode
Telephone number	

Do you have an Australian Business Number (ABN)? – please select one	
<input type="checkbox"/> Yes	Please provide ABN* _____
<input type="checkbox"/> No	Please complete the ' Statement by a supplier ' form, unless excluded from the ABN rule.

*This should be the ABN quoted on your invoice

Are you registered for Goods and Services Tax (GST)? – please select one	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details for receiving remittance advice		Preferred
Email address		<input type="checkbox"/>
Fax number		<input type="checkbox"/>

Details for receiving purchase order details		Preferred
Email address		<input type="checkbox"/>
Fax number		<input type="checkbox"/>

Bank account details for EFT payments	
Bank name	
Bank address	
BSB	Account number
Account Name	

Agreement to privacy policy ¹ and purchase order terms and conditions ²	
Name of person supplying information	
Position	
Signature	
Date	

¹By signing this form you agree that the information supplied is true and correct. The information is required for the purpose of processing payment and will be protected in accordance with Council's Information Privacy Policy. For more information about Council's Information Privacy Policy visit <http://www.whitehorse.vic.gov.au/Policies-Privacy.html> or phone (03) 9262 6333.

²By accepting a Purchase Order issued by Whitehorse City Council, a Supplier of goods and/or services (the Supplier) or a Contractor engaged to perform Works (the Contractor) agrees to be bound by the Whitehorse City Council – Purchase Order Terms & Conditions, a copy of which can be found on our website at <http://www.whitehorse.vic.gov.au/Policies-Finance.html>.