

Collection/Distribution Date:/...../.....



PET REQUEST INFORMATION SHEET

Application Date: / /

SURNAME of recipient: **FIRST NAME**

SEX: **AGE:**

ATTACH A PHOTO

NRC # (Or any identity of birth or Nationality):

Residential Address:

Province: **Phone**

Profession/ Occupation (if any):

Nature or cause of disability (Tick box or explain):

Congenital/born that way (i.e. club foot, spina bifida)

Age Related (i.e. arthritis)

Polio

Other, please explain

Other Disease (i.e. malaria, stroke, diabetes)

Accident (i.e. car accident, snake bite, fall)

NAME of Parent's/ Guardian/ Spouse:

NRC # (Or any identity of birth or Nationality):

Address:

NAME of Denomination/ Organization or Agent:

Address: **Phone:**

Email:

Requested by:

Stamp (if any)

Signature:

Designation:

Observations (Official Use Only):

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By filling in this application, the recipient is accepting the possibility of their image being used in publications for PET Zambia, NLC, and their donors. These images are used in raising awareness, showing the sponsors that the donated money is being used properly, and for future fundraising efforts as PETs are a free gift to the recipient. If the recipient disagrees with the use of their image, they must notify PET Zambia in writing to this effect