



**RANCHHOD  
FOUNDATION**

*For the Betterment of Human Kind*



**Indian  
newslink**

The English Fortnightly (Since November 1999)

**Ranchhod Foundation  
Make-A-Wish  
Application Form**



**Details of the Applicant**  
(Please fill all fields)

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mobile Number \_\_\_\_\_

Landline Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

Are you a NZ citizen/ permanent resident? Yes/No \_\_\_\_\_

Have you received or applied for any other funding for your condition/situation from any other organisation/charity? Yes/No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicant is under 16 years:

Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

**MAKE A WISH**

Please state your wish \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MEDICAL DETAILS**

(Please complete this section if your Wish is Health-Related)

Medical Condition \_\_\_\_\_

Is the condition life-threatening? Yes/No \_\_\_\_\_

If applicant is a child, does he/she know the condition is life-threatening? Yes / No

Current Treatment \_\_\_\_\_

**Treating Medical Specialist**

Full Name \_\_\_\_\_

Hospital/ Medical Facility \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**COSTS**

Do you have any invoices/ quotes pertaining to medical treatment or fulfilling of your wish? If so please provide details below and attach them to this application before submitting.

Invoice/ Quote #	Provider	Amount

Please submit the completed application and attachments to the Editor, Indian Newslink by email only (editor@indiannewslink.co.nz) with supporting documents and photographs in PDF format for consideration by an experienced Board on behalf of the Ranchhod Foundation Make-a-Wish. Please do not post or courier your application and supporting documents. We will contact you if more information is required. Thank you.

**Legal Disclaimer:** By completing this form, the applicant confirms that the information provided is complete and true. He/she acknowledges that no promises or assurances whatsoever have been made to the applicant by any of the management and staff of the Ranchhod Foundation and Indian Newslink regarding the requested wish. The applicant understands that the granting of any wish is contingent upon approval by a Board of Ranchhod Foundation Make-A-Wish and compliance with any conditions, qualifications, pre-requisites and restrictions imposed by the Ranchhod Foundation and Indian Newslink.