

Postbox

DONATIONS / ACQUISITIONS AGREEMENT

TRANSFER OF OWNERSHIP FROM:

FULL NAME

DR / MR / MRS / MS / MISS

Mapua & Districts Community
Assn. (MDCA)

ADDRESS

of Mapua Hall
Aranui Rd
Mapua 7005

PHONE

035402853

FAX

EMAIL

info@ourmapua.org

ESTATE OF / TRUSTEES

DESCRIPTION

Minutes from two

MDCA - representative sample for
the records. Sent electronically 27.11.17.

Contact person

Delivered by

Received by

Total no. boxes

Total no. items

IF NOT ACCEPTED FOR ACCESSION

☐

Arrange collection

☐

Dispose of

☐

Redistribute

THE DONOR HAS READ AND UNDERSTOOD THE CONDITIONS OVERLEAF

(Signature of Donor)

[Signature]

(Date)

24.11.17

THE TRUST ACKNOWLEDGES WITH THANKS THE RECEIPT OF THE DONATED GOODS

(Signature for Trust)

(Position)

(Date)

LOCATION

PA

☐

Accepted

☐

Not Accepted

☐

Letter

☐

Additional page

☐

ACCESSION NO.

Returned to Donor

☐

Disposed of

☐

Redistributed

☐