

**APPENDIX 1**  
**Financial Information Form**  
**Green Health Partnership**  
**Arran Locality - Your Money You Decide**

Name of Group:	
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**Bank Details:**

Name of Account:								
Account No:								
Sort Code:								
Name of Person Responsible:								
Position:								
Address:								
Email:								
Telephone Number:								
On behalf of the group, I hereby agree and abide to all of the Conditions of Grant:								
Signed:								
Print:								
Date:								

**Bank Details of Host Group (if appropriate)**

Name of Account:								
Account No:								
Sort Code:								
Name of Person Responsible:								
Position:								
Address:								
Email:								
Telephone Number:								
On behalf of the group, I hereby agree and abide to all of the Conditions of Grant:								
Signed:								
Print:								
Date:								

Please keep a copy for your own records and send original copy to: PB Team, Community Development, Cunninghame House, 2<sup>nd</sup> Floor West, Irvine, KA12 8EE or email to: [participatorybudgeting@north-ayrshire.gov.uk](mailto:participatorybudgeting@north-ayrshire.gov.uk)