



Vietnam Veterans Action Group (VVAG)

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Document reference no: VVAG/REG/V000

23 October 2007

Registration Form for Class Action against the NZ Government for Failure of Duty of Care

Information given in this registration form will remain confidential and will only be used in general terms by our Solicitor unless express permission is given to name the person and the mitigating circumstances.

The Registration will be in 5 parts

Part 1	For those who are happy for the "status quo" (Legal Team) to deal with their problems.
Part 2	For those that wish to put in a written submission (JWG submission maybe?) or another one explaining their circumstances.
Part 3	For those that wish to verbally state their case as well.
Part 4	Ethnic origins. (Maori / Pakeha)
Part 5	Do you support Litigation if Negotiation fails to produce an acceptable settlement? YES / NO (circle which)

1/ Registrants details

Initial Name	
Middle Name	
Last Name	
Address	
Phone number	
Fax number	
Email address	
Regimental number	

2/ Units served with in Vietnam and what year (include multiple tours) and time served.

Ethnic origins.

Maori	YES		NO	
Pakeha	YES		NO	
Other:				



4b-2/ Children health issues	
Initial Name	
Middle Name	
Last Name	
DOB:	
ADDRESS	

If more space required please attach extra page and reference it as question 4b-2

4b-3/ Children health issues	
Initial Name	
Middle Name	
Last Name	
DOB:	
ADDRESS	

If more space required please attach extra page and reference it as question 4b-3

4b-4/ Children health issues	
Initial Name	
Middle Name	
Last Name	
DOB:	
ADDRESS	

If more space required please attach extra page and reference it as question 4b-4



5a-1/. Deceased veterans. This information is vital.	
Initial Name	
Middle Name	
Last Name	
DOB:	
Cause of death:	

If more space required please attach extra page and reference it as question 5a-1

5a-2/. Deceased immediate family members. This information is vital.	
Initial Name	
Middle Name	
Last Name	
DOB:	
Cause of death:	

If more space required please attach extra page and reference it as question 5a-2

5a-3/. Miscarriages. This information is vital.			
Mothers			
First Name			
Middle Name			
Last Name			
	Year carried	Term carried	Cause of Miscarriage if Known
Miscarriage			
Miscarriage			
Miscarriage			
Miscarriage			
Miscarriage			
Miscarriage			

If more space required please attach extra page and reference it as question 5a-3



6/ Impact of the Veterans War service have had the Veteran and his family & your current status.

Single	YES		NO		
Married	YES		NO		
Divorced	YES		NO		
Employment	YES		NO		
Pension	YES		NO		
Pension type					

The Registration fee is \$NZ25.00 or \$AU20.00. This amount includes the veteran's family and in the case of the deceased veterans family the registration fee is waived. Deceased Veterans families nominate if you wish. This is to cover the costs and expenses incurred and being incurred putting the case together.

Australia	
Registration and donations may be deposited at	
<i>Ask teller to notate deposit with your <u>regimental number</u></i>	
Bank	Commonwealth Bank Australia
Branch	Nerang
Account name	Vietnam Veterans Action Group
BSB	06 4451
Account Number	1 0316809
Swift Code	

New Zealand	
Registration and donations via your bank may be deposited into our:	
<i>Ask teller to notate deposit with your <u>regimental number</u></i>	
Bank	Westpac
Branch	Levin
Account name	Vietnam Veterans Action Group
BSB	03 0667
Account Number	03 56793 00
Swift Code	

NZ registrants please note:

Please send your completed registration form and a copy of the registration payment receipt to:

65 Queenwood Road, Levin 5510
Marked attention to: Ian Barnes