



TOBACCO FREE
Portfolios

Verified Tobacco-Free Application Form

Organisation Name:		
Organisation Type:	<input type="checkbox"/> Fund	<input type="checkbox"/> Fund Manager
Funds Under Management (AUD):		
Contact Name:		
Email:		
Phone:		

Select Verified Tobacco-Free Certification Stamp:		
<input type="checkbox"/> Verified Tobacco-Free	<input type="checkbox"/> Verified Tobacco-Free Product	<input type="checkbox"/> Verified Tobacco-Free Commitment

Link to public statement/press release on tobacco-free position or attach tobacco-free policy position:

Does your current tobacco-exclusion definition/methodology align with the Verified Tobacco-Free program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide details:		

Intended commencement date in Verified Tobacco-Free	
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Further Details:		
What tools/methodology do you currently use to exclude tobacco?		
Are there residual funds in tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what percentage of the funds under management?		
Would you like Tobacco Free Portfolios to contact you regarding the details of the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature:	
Date:	

Please return your completed application to:
vtf@tobaccofreeportfolios.org

tobaccofreeportfolios.org