

WHAKAPAPA (Optional):

Mother's Full Name: _____

Father's Full Name _____

Spouse's Full Name: _____

Brothers and Sisters Full names (including deceased and whangai):

Names	Email or Phone (if known)

Your Children's full names (including whangai):

Names	Email or Phone (if known)

CONSENT AND ACKNOWLEDGEMENT:

1. By signing this form the owner authorises payment of grants to their nominated bank account.
2. The information collected by this form will enable you to receive communications from the Trust by email or post and obtain the correct benefits and to assist the Trust locate other owners who may be entitled to registration and benefits.
3. The intended recipients of this information are the Kokako Trust, P.O.Box 987 Rotorua, their employees and contractors for the purpose of administering the Kokako Trust.
4. Failure to provide the information requested information may result in your registration application being delayed or not actioned.
5. You have the right of access to, and correction of, information held about you subject to the provisions of the Privacy Act 1993.

FOR OFFICE USE ONLY:

Date application received: _____

Document validation:

IRD Number Supplied yes/no
Bank Account verified yes/no
Identification Supplied yes/no

Application Approved on: _____

Applicant notified on: _____