

Owners Registration

Including Confirmation of Identity and Bank Payment Authority

INDIVIDUAL REGISTRATION

Full name:	
Other Names known by (if any):	
Date of Birth:	Male/Female
Postal Address:	
	
Phone No: (Mobile):	(Home/Work):
Email Address:	
IRD Number:	
Personal Identification required Attach copy of either: Current Drivers L	: :
Reference Number:	
Ownership Verification Require	d: (www.maorilandonline.govt.nz)
Or Copy MLC Vesting Order attached	:
SANK ACCOUNT NAME:	
ANK ACCOUNT NUMBER:	
Bank Verification STAMP * Once you have complet or please attach a Bank	ded the above details please get a Bank Verified Stamp *(Or copy bank statement no older than 3 months)
IGNED:	DATE: /
y signing you confirm that you have read and understo	– od the notes to this form overleaf:

WHAKAPAPA (Optional):	
Mother's Full Name:	
Father's Full Name	
Spouse's Full Name:	
Brothers and Sisters Full names (including decease	d and whangai):
Names	Email or Phone (if known)
Your Children's full names (including whangai):	
Names	Email or Phone (if known)
- Names	Ziridii di Fridite (ii futewity
CONSENT AND ACKNOWLEDGEMENT:	
2. The information collected by this form will en	ayment of grants to their nominated bank account. nable you to receive communications from the Trust locate other owners who
	re the Kokako Trust, P.O.Box 987 Rotorua, their of administering the Kokako Trust
 Failure to provide the information requested application being delayed or not actioned. 	
	ion of, information held about you subject to the
provisions of the Frivacy Act 1995.	
FOR OFFICE USE ONLY:	
Date application received:	
Document validation: IRD Number Supplied years.	es/no
Bank Account verified ye	es/no es/no
Application Approved on:	

Applicant notified on: