

Application for Kaumatua Grant (For a Beneficiary of a Whanau Trust – 65 years & over)

BENEFICIARY / APPLICANT DETAILS:			(Share Register ID No:)		
Name of Beneficiary:	Surname		First I	Name(s)	
Name of Whanau Trust:					
Address:					
				Postal Cod	e:
Phone:	(Mobile)			(Home)	
E-mail:					
Bank Account No:					(attach verified bank deposit form)
Date of Birth:					(attach evidence of age)
Gender:	Male 🗖	FEMALE 🗆	IRD N	lumber:	
Applicants must include their IRD number as Maori Authority Tax credits may be attached to any grant approved.					
I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:					
Signed by Applicant:					Dated:

TRUSTEE OF WHANAU TRUST TO COMPLETE AND SIGN:						
I, being a Trustee of,						
confirm that,	(Beneficiary Name)					
of	(Address)					
is a beneficiary of the above Whanau Trust and a direct descendant of the tupuna of that Trust and is entitled to a kaumatua grant.						
Signed by Trustee:		Dated:				
Name of Trustee:						
Address:						
Contact:						

Checklist 🗹 - Remember - you MUST complete and/or attach to this application:

- □ Shareholder Name.
- □ Inland Revenue Tax Number.
- □ Copy of **Personal Photo ID** which includes your date of birth (e.g. driver's license or passport).
- □ Your own **Bank account deposit form** verified/signed by bank.

Authorised for payment by Kokako Trust:			
Signed:			
Dated:			