

Application for Kaumātua Grant 2021 INDIVIDUAL OWNER OR OWNER WHO HOLDS A LIFE INTEREST

Current owners of Tuaropaki E who are over 65 years of age (on or prior to the closing date) can apply for a kaumātua grant. This includes owners, owners with a life interest, members of a whānau trust who connect by whakapapa.

This form is for current individual owners or owners who hold a life interest who are applying for the first time or who did not receive a kaumātua grant in 2020. **You do not need to reapply each year.**

<u>This form is not for</u> members of a Whānau Trust. Please contact the office if you require a whanau trust application.

Extra application forms are available on request to our office, or can be printed from our website at www.tuaropaki.com.

| Applicant Details | | | | | | |
|--|-----------------------------|--|--|--|--|--|
| Shareholder (SHN) No: | | | | | | |
| Your Name: | | | | | | |
| Other names you are know | vn by: | | | | | |
| Your Address: | | | | | | |
| | | | | | | |
| | Pos | t Code | | | | |
| Your Date of Birth: | | (Please attach proof of Date of Birth) | | | | |
| | | | | | | |
| Your Contact Phone Numb | Your Contact Phone Number: | | | | | |
| Your email address: | | | | | | |
| | | | | | | |
| Life Interest Details (only complete this if you hold a life interest) | | | | | | |
| Full name of person you re | eceived life interest from: | | | | | |
| | | | | | | |
| Full names of remainderm | en: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Payment Details

Please complete one of the following

You must provide a bank statement or bank printout. This must clearly show your bank account name and number.

We do not accept screenshots of internet banking or manually filled out deposit slips.

We cannot pay to third party accounts.

NZ Payment Details

| New Zealand Bank Account | | | | | | | | | | | |
|--------------------------|-------------|------------------|-----------|-----------|---------|--------|----------|-----------------------|------|---|---|
| Your NZ bank account: | Bank | Branch | | Acco | unt No. | | | Su | ffix | | |
| | | Ove | erseas Pa | ayment | Detail | s | | | | | |
| International Bar | nk Account | | | | | | | | | | |
| Account name: | | .= | | | | | ···· | | | | |
| Name of Bank: | | · - ····· | | | | | ···· | ··· - ···· | | | |
| Branch: | | | ••••• | | | | | | | | |
| Bank Address: | | | | | | | | | | | |
| Country: | | | | | | | | | | | |
| SWIFT Code: | | | | | | | | | | | |
| Australia: | | | | | | | | | | | ٦ |
| OR | | BSB No. | • | | Accour | nt No. | | | • | • | _ |
| Other Country: | ISO & check | Bank | Bank Coo | de & Acco | unt No. | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Applicant Declaration

Applicant declaration

| | | I understand that my application will not be considered if Tuaropaki Trust does not receive my application in full with the required supporting documents. |
|-------|-----------|---|
| | | I give my consent for Tuaropaki to use and verify my information for the purpose of applying for a 2021 Kaumātua Grant. |
| | | I understand that if Tuaropaki Trust cannot verify my whakapapa or other eligibility information then I do not meet the criteria for a Tuaropaki 2021 Kaumātua Grant. |
| | | I agree that my name and image may be used for publicity purposes. |
| | | I have read and accept the Tuaropaki Trust Grant Privacy Statement found on the Tuaropaki website http://www.tuaropaki.com/owner-services/tuaropaki-grant-privacy-statement/ |
| Appli | can | t Name: |
| Appli | can | t Signature: |
| Date: | | |
| | | Applicant Chacklist |
| | т. | Applicant Checklist |
| | | complete your application, please ensure the following and submit by 8 February 2020 . |
| | | Completed Application Form |
| | | Completed Applicant Declaration |
| | | ase enclose the following supporting documents: Full Birth Certificate |
| | | Photo ID (Passport, Driver's Licence, or 18+ Card) |
| | | Verified Bank Account. (Bank Statement or Bank Printout stamped by the bank) |
| | | Important Note: The bank account name must be in the name of the applicant. We will not pay to third parties. |
| | Tua PO | ase return completed form and required documents to: aropaki Trust Box 441 upō 3351 |
| | | one: 07 376 2500 c: 07 376 2501 |

Email: ownerservices@tuaropaki.com