

2025 Sports Grant Application

The Tuaropaki Trust recognises and supports the sporting achievements of our owners (and their descendants) by providing a Sports Grant to eligible applicants.

To be eligible you must:

- Whakapapa directly to at least one living Tuaropaki E owner
- Be selected as a National Representative and/or National Māori Representative with a nationally registered sports body, and,
- Participate in an International Tournament

Contact deta	ils:		
Phone:	(07) 376-2500	Email:	<u>ownerservices@tuaropaki.com</u>
Website:	www.tuaropaki.com	Post:	PO Box 441, Taupo 351

(Please print clearly)

Applicant Details:

Your Name:	•••••	
Other names you are kn	own by:	
Your Address:		
		Postcode:
Gender:	M / F	Your Date of Birth:
Your Contact Phone Nu	mber:	Mobile:
Your email address:		
Your Sport:		
Sporting Organisation:		

Please provide a letter from the sporting organisation confirming your selection as a National representative and your attendance at the international tournament.

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Owner Details:

Shareholder (SHN) No:	
Current Owner Name:	
Current Owner Address:	
Owner Phone No:	Mobile:
Owner Email Address:	
Owner relationship to Stu	Jdent:

Whakapapa Details:

WHAKAPAPA OF APPLICANT (in relation to Tuaropaki):										
(Name of Applicant)										
(Fathe	er)	(Mother)								
(Grandfather)	(Grandmother)	(Grandfather)	(Grandmother)							
(Great G	randparents)	(Great G	randparents)							

TUAROPAKI TRUST



Bank account details:

Your NZ bank account:]								
	Bank	Branch			Acc	ount	No.			Suffi	х	

Account Name:

Note: Please provide a copy of your pre-printed deposit slip, bank statement or bank printout to verify your account name and number

If you have an overseas account please complete the following details:

International Bank Account Number:

Account name:	
Name of Bank:	
Branch:	
Address:	
Country:	

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Australia:].		Γ							Γ						 Τ	Т	Т				
OR	BSB No.								Account No.																		
Other Country:		O a			Bo	ank			Bo	ank	C	od	e &	Ac	co	unt	l No	D.						Γ	Ι	Ι	

Note: Please provide a copy of your pre-printed deposit slip, bank statement or bank printout to verify your account name and number

TUAROPAKI TRUST

SWIFT Code:



Applicant Declaration

On accepting a Tuaropaki Grant, successful applicants give permission for the Tuaropaki Trust to use their name, image and extracts from their application for publicity purposes.

I confirm all information provided in this form is true and correct. I authorise Tuaropaki Trust to pay any approved Grant to the bank account number provided.

Signature:	. Date:
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Owners Declaration:

I confirm the applicant is my and the whakapapa provided is correct.

Full name:

Signature:	
Date:	

Check list:

Confirmation of selection to NZ Team (please note National Representatives are not limited to New Zealand representative teams)
Copy of International Tournament Itinerary
Verified bank account number
Birth Certificate
Photo ID (Drivers Licence, Passport, Firearms Licence, 18+ Card)
Application signed by applicant and endorsed by owner

All information must be provided in order to be considered for a Sports Grant.

Please return completed form and required documents, to:

Tuaropaki Trust PO Box 441 Taupo 3351

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