

Applicant Whakapapa (to the Owner in Tūaropaki or to the Tūpuna named in the Whānau Trust Order) (Ākonga/Student) (Whaea/Mother) (Matua/Father) (Kuia) (Koroua) (Kuia) (Koroua) (Koroua/Kuia Tuarua) (Koroua/Kuia Tuarua) **Owner/Trustee Details** Full Name: Address: Post Code: Phone: Mobile: **Email Address:** Both the applicant and the owner/trustee endorsing the application must sign this page Student Name: Owner/Trustee Name: Student Signature: Owner/Trustee Signature: Sign by hand in pen

*This application needs to be endorsed by the current living owner or a Trustee of a Whānau Trust in the Tūaropaki Trust. By signing this agreement, you as the owner or trustee agree to the following:

Date:

- I endorse the applicant seeking a 2025 Secondary Grant from Tūaropaki Trust
- I confirm the attached whakapapa

Date:

- I confirm the applicant has demonstrated to my reasonable satisfaction that s/he has obtained permission from the relevant whānau member(s) to submit their birth certificate(s) to Tūaropaki Trust as evidence of their whakapapa for this and any future applications.
- I understand that I must be fully registered with the Trust for my endorsement to be accepted (fully registered means that your current contact details, ID and bank account are recorded and authenticated in our shareholder database)
- I give my consent for Tūaropaki to publish my name as the one endorsing the applicant in any Tūaropaki publication.