## Kaumātua Grant Application form



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**PLEASE NOTE:** You must be registered with Te Mana o Ngāti Rangitihi Trust to apply for this grant. Please contact the office for further details on +64 7 322 2452.

## **Please Read**

- 1. You may only apply for ONE Kaumātua Grant per calendar year.
- 2. The grant is up to \$200 for <u>65 years+</u> to reimburse medical items and services that help with maintaining or improving the health and wellbeing
- 4. You must complete and submit an application form each year.
- 5. Te Mana o Ngāti Rangitihi Trust reserves the right to use a successful applicant's name and other details for publicity and promotion purposes.

PLEASE COMPLETE AL	<u>L</u> FIELDS									
Personal D	etails									
Applicant's Full Name										
Date of Birth			Phone Number							
Postal Address										
Email	Receive notifications by email (CIRCLE ONE): Y / N									
Bank Accou	ınt Details									
Name of Bank	Name of Account									
Bank Account Number										
							_			
PLEASE ATTACH A V	ERIFIED COPY O	F THE BAN	IK ACCOUNT							
Declaration	n									
I declare that the informations of the grant.	ation given in this appl	lication is true	e and correct. If my a	pplication	is success	ful I will con	nply with	n all the	terms and	l
Pursuant to the Privacy A contact information.	Act 1993, I give consent	t for my applic	cation to be shared v	vith Te Mar	na o Ngāti	Rangitihi Tru	ust for th	ie purpo	ose of upda	ating
Applicant's Full Name										
Signature of Applicant of (*if disabled/impaired)	or Caregiver*				Date					
If signing on behalf, plea	ase state your relation	ship to the a	pplicant:							

Checklist
Registration details checked and verified.
Application completed in full and declaration signed.
Bank account verification slip attached.
PLEASE DO NOT SUBMIT THE APPLICATION UNLESS ALL FIELDS ARE COMPLETED AND ALL REQUIRED INFORMATION IS ATTACHED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
What happens next
IF APPROVED: You will be notified in writing or by email. Monies will be paid into the nominated bank account by direct credit.  IF DECLINED: You will be notified in writing or by email.

TE MANA O NGĀTI RANGITIHI TRUST IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE POST.

Office Address: 35 Heale Street, Matatā

Postal Address: Te Mana o Ngāti Rangitihi Trust, 35 Heale Street, Matatā, RD4, Whakatāne, 3194 Freefone: 0800 AKATEA or 0800 252 832 Phone: 07 322 2452 Email: info@ngatirangitihi.iwi.nz