

Kaumātua Grant

APPLICATION FORM



Member ID

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

--	--	--	--	--	--	--	--

Please Read

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

PLEASE COMPLETE ALL FIELDS

Personal Details

Applicant's Full Name			
Date of Birth		Phone Number	
Postal Address			
Email		Receive notifications by email (CIRCLE ONE): Y / N	

Bank Account Details

Name of Bank		Name of Account	
--------------	--	-----------------	--

Bank Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLEASE ATTACH A VERIFIED COPY OF THE BANK ACCOUNT

Declaration

I declare that the information given in this application is true and correct. If my application is successful I will comply with all the terms and conditions of the grant.

Pursuant to the Privacy Act 1993, I give consent for my application to be shared with Te Mana o Ngāti Rangitihī Trust for the purpose of updating contact information.

Applicant's Full Name			
Signature of Applicant or Caregiver* (*if disabled/impaired)		Date	

If signing on behalf, please state your relationship to the applicant:

Please turn over

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: 30 Arawa Street, Matatā

Postal Address: Te Mana o Ngāti Rangitihī Trust PO Box 831, Whakatane, 3158, New Zealand

Freephone: 0800 AKATEA or 0800 252 832 **Phone:** 07 322 2452 **Fax:** 07 322 2453 **Email:** info@ngatirangitihī.iwi.nz

 facebook.com/NgatiRangitihī

www.ngatirangitihī.iwi.nz