**Owners Update Registration**

**including Confirmation of**

**Identity and Bank Payment Authority**

**TRUSTS & INCORPORATIONS – *please tick all that applies to you.***

🞏 Haumingi 1A2 Trust 🞏 Kokako Trust 🞏 Mangorewa Kaharoa A Trust

🞏 Ngāti Manawa Incorporation 🞏 Paengaroa South 5 Trust 🞏 Parekarangi A4 Trust

🞏 Te Whaiti Nui A Toi Trust 🞏 Waione 3B8 Incorporation

**INDIVIDUAL CONTACT DETAILS**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Names known by (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female / Other

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home/Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRD Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL IDENTIFICATION REQUIRED**

Attach copy of either: Current Drivers Licence or Current Passport

**MĀORI LAND COURT VESTING ORDERS**

Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ownership Verification Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Māori Land Online Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_([www.maorilandonline.govt.nz](http://www.maorilandonline.govt.nz))

A blank form with numbers and text

Description automatically generated with medium confidenceOr Copy MLC Vesting Order attached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAKAPAPA (Optional):**

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers and Sisters Full names (including deceased and whangai):

|  |  |
| --- | --- |
| Names | Email or Phone (if known) |
|  |  |
|  |  |
|  |  |
|  |  |

Your Children’s full names (including whangai):

|  |  |
| --- | --- |
| Names | Email or Phone (if known) |
|  |  |
|  |  |
|  |  |
|  |  |

**CONSENT AND ACKNOWLEDGEMENT:**

1. By signing this form, the owner authorises payment of grants and/or dividends to their nominated bank account.

2. The information collected by this form will enable you to receive communications from the Trust by email or post and obtain the correct benefits and to assist the Trust to locate other owners who may be entitled to registering and benefits.

3. This information is intended for the Trusts and Incorporations managed by Awhi Rōpū Consultants, P.O. Box 987 Rotorua, as well as their employees and contractors, for the purpose of administration.

4. Failure to provide the information requested information may result in your registration application being delayed or not declined.

5. You have the right of access to, and correction of, information held about you subject to the provisions of the Privacy Act 1993.

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

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document validation: IRD Number Supplied Yes/No

Bank Account Verified Yes/No

Identification Supplied Yes/No

Application Approved On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Notified On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_