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)

Or Copy MLC Vesting Order attached: _____

BANK ACCOUNT NAME: _____

BANK ACCOUNT NUMBER:

Bank Verification STAMP

* Once you have completed the above details please get a Bank Verified Stamp or please attach a Bank Deposit slip

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SIGNED: _____ DATE: ____ /____ /____

By signing you confirm that you have read and understood the notes to this form overleaf:

C/- ARC 1227 Ranolf Street, PO Box 987 Rotorua 3040 Ph: 07 242 7228 Email:
shareregister@arconsultants.co.nz

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: _____