

# MANGOREWA KAHAROA A TRUST

## Application for a KAUMATUA GRANT

**Individual** – aged 65 years and over as at 13 July 2024

**or a Whanau Trust** – with a member aged 65 years and over as at 13 July 2024- the policy is one payment only per whanau Trust)

**Must be lodged with Awhi Roopu Consultants by 31 August 2024**

| APPLICANT DETAILS:   |   | (Share Register ID No: _____) |
|--|---|-------------------------------|
| Name of Applicant or member of Whanau Trust Aged 65 years:   | Surname _____   | First Name(s) _____           |
| Name of Whanau Trust:  |   |                               |
| Address:   |   |                               |
|  |   | Postal Code:                  |
| Phone:   | (Mobile) _____  | (Home) _____                  |
| E-mail:  |   |                               |
| Bank Account No:   | (attach verified bank deposit form)                           |                               |
| Date of Birth:   | (attach evidence of age)                                      |                               |
| Gender:  | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | IRD Number: _____             |
| Applicants must include their IRD number as Maori Authority Tax credits may be attached to any grant approved. |   |                               |
| I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:   |   |                               |
| Signed by Applicant:   |   | Dated:                        |

| TRUSTEE OF WHANAU TRUST TO COMPLETE AND SIGN:   |        |
|---|--------|
| I, _____ (Full Name) being a Trustee of,<br>_____ (Whanau Trust) confirm that,<br>_____ (Member Name) of<br>_____ (Address)<br>is a Member (beneficiary) of the above Whanau Trust and a direct descendant of the tupuna of that Trust and the whanau Trust is eligible for the kaumatua grant payment. |        |
| Signed by Trustee:  | Dated: |
| Name of Trustee:  |        |
| Address:  |        |
| Email:  |        |

IMPORTANT: Please complete CHECKLIST opposite side of page

**Checklist**  - Remember – you MUST complete and/or attach to this application:

- Shareholder Name.
- Inland Revenue Tax Number.
- Copy of Personal Photo ID which includes your date of birth (e.g. drivers licence or passport).
- Bank account deposit form – verified/signed by bank.

| Authorised for payment by MANGOREWA KAHAROA A TRUST: |  |
|--|--|
| Signed:  |  |
| Dated:   |  |

Please forward your application to:

**Awahi Roopu Consultants Ltd**  
1227 Ranolf St ROTORUA  
**Phone 072427228**  
Email: shareregister@arconsultants.co.nz