

Mangorewa Kaharoa A Trust

Owners Registration including Confirmation of Identity and Bank Payment Authority

INDIVIDUAL REGISTRATION

Full name: _____

Other Names known by (if any): _____

Date of Birth: _____ Male/Female

Postal Address: _____

Phone No: (Mobile): _____ (Home/Work): _____

Email Address: _____

IRD Number: _____

Personal Identification required:

Attach copy of either: Current Drivers Licence Or Current Passport

Reference Number: _____

Ownership Verification Required:

Maorilandonline Number: _____ (www.maorilandonline.govt.nz)

Or Copy MLC Vesting Order attached: _____

BANK ACCOUNT NAME: _____

BANK ACCOUNT NUMBER: _____

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

*(Or copy bank statement no older than 3 months)

SIGNED: _____

DATE: ____ / ____ / ____

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

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 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 locate other owners who may be entitled to registration and benefits.
3. The intended recipients of this information are Mangorewa Kaharoa A Trust, P.O. Box 987 Rotorua, their employees and contractors for the purpose of administering Mangorewa Kaharoa A Trust.
4. Failure to provide the information requested information may result in your registration application being delayed or not actioned.
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: _____