



**DETAILS OF TRUSTEES OF WHANAU TRUST:**

Names	Email or postal address

**WHAKAPAPA:**

Shares Derived from: \_\_\_\_\_

Whanau Trust beneficiary names for Kaumatua over 65 years of age (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 Incorporation locate other owners who may be entitled to registration and benefits.
3. The intended recipients of this information are the Ngatimanawa Incorporation, P.O.Box 987 Rotorua, their employees and contractors for the purpose of administering the Ngatimanawa Incorporation.
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:      \_\_\_\_\_