

# WAIONE 3B8 INCORPORATION

## Shareholders Registration

### Including Confirmation of Identity and Bank Payment Authority

#### WHANAU TRUST REGISTRATION

Whanau Trust name: \_\_\_\_\_

Date of Trust Deed/Order: \_\_\_\_\_

Primary Contact for Whanau Trust: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

#### Personal Identification required of Primary Contact:

Attach copy of either: Current Drivers Licence **Or** Current Passport

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

#### Evidence of Succession:

Shares succeeded from : \_\_\_\_\_

Copy MLC Vesting Order attached: \_\_\_\_\_

BANK ACCOUNT NAME: \_\_\_\_\_

BANK ACCOUNT NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:**

**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 Waione3B8 Incorporation, P.O.Box 987 Rotorua, their employees and contractors for the purpose of administering the Waione 3B8 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:      \_\_\_\_\_