



Individual Owner Update Information Form

TRUSTS & INCORPORATIONS - PLEASE TICK ALL THAT APPLIES TO YOU

- | | | |
|---|---|---|
| <input type="checkbox"/> Haumingi 1A2 Trust | <input type="checkbox"/> Kokako Trust | <input type="checkbox"/> Mangorewa Kaharoa A Trust |
| <input type="checkbox"/> Ngāti Manawa Incorporation | <input type="checkbox"/> Paengaroa South 5 Trust | <input type="checkbox"/> Parekarangi A4 Trust |
| <input type="checkbox"/> Te Whaiti Nui A Toi Trust | <input type="checkbox"/> Waione 3B8 Incorporation | <input type="checkbox"/> Whakapoungakau Lands Trust |

INDIVIDUAL CONTACT DETAILS REQUIRED

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 a copy of either: Current Drivers License
 Current Passport

OWNERSHIP VERIFICATION

Reference Number:

Ownership Verification Required:

Māori Land Online Number
(www.maorilandonline.govt.nz):

or attach a copy of your Māori Land Court Vesting Orders



BANK ACCOUNT DETAILS

Bank Account Name:

Bank Account Number: - - -

For proof of bank account please attach a bank deposit slip or bank statement to verify your account. Please ensure the bank slip or bank statement clearly shows: Bank Name, Account Name, Account Number.

Proof of bank account attached: Yes
 No

WHAKAPAPA (OPTIONAL)

Mothers Full Name:

Fathers Full Name:

Spouse's Full Name:

Sibling Full Names (including deceased and whāngai):

Full Names	Email or Phone (if known)
<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"/>

Your Children's Full Names (including whāngai):

Full Names	Email or Phone (if known)
<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"/>



CONSENT & ACKNOWLEDGEMENT

By signing this form, I authorise the Trust to update my records with the information provided.

The information collected will be used to:

- Ensure my contact and banking details are up to date
- Enable the Trust to communicate with me via email or post
- Ensure I continue to receive the correct benefits

This information is intended for use by the Trusts and Incorporations managed by **Awhi Rōpū Consultants**, P.O. Box 987, Rotorua, and may be accessed by their employees and contractors for administration purposes.

Failure to provide the requested information may result in delays or disruption to your payments or communications.

You have the right to access and correct your personal information in accordance with the **Privacy Act 2020**.

Owner Signature:

Date:

FOR OFFICE USE ONLY:

Date Application Received:

Documentation Validation:

IRD Number Supplied:

Yes | No | N/A

Bank Account Verified:

Yes | No | N/A

Identification Supplied:

Yes | No | N/A

Ownership Verified:

Yes | No | N/A

Applications Approved on:

Applicant Notified on: