



I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:

Signed by the Applicant:

Dated:

Hauora Grant Policy and Criteria:

1. Grants will be considered to assist with health related matters.
2. The Grant is subject to a maximum of \$300 and is at the discretion of the Trustees.
3. If purchase has not yet been made, payment will be made direct to the supplier on production of a Quote or Invoice. (Please provide Health Professionals account number with Quote or Invoice.)
4. Payment direct to the applicant will only be made if a receipt confirming payment is attached to this form and will be paid direct into the applicants bank account. Please attach a bank deposit form.
5. Any Shareholder who meets the criteria will only be entitled to receive one Hauora Grant in any 12 month period.
6. This grant will not be payable to an applicant whose total costs are fully funded elsewhere. By completing this application, the applicant confirms that the costs are not full funded by any other party and authorises Paengaroa South 5 Trust to contact any other Trust to which an application has been made.

IMPORTANT INFORMATION BELOW PLEASE READ

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).
- ☐ **Receipt, Invoice or Quote** for costs being claimed (please ensure Health Professionals account number is included on Quote if purchase has not yet been made).
- ☐ A **Bank Account Deposit form** – verified/signed by bank.