



Individual Owner Registration 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 |
| <input type="checkbox"/> Mangakaretu 1E 2B 3C 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 REQUIRED

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 REQUIRED

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 payment of grants and/or dividends to my nominated bank account.

The information provided in this form will be used to:

- Enable the Trust to communicate with me via email or post
- Ensure I receive the correct benefits
- Assist the Trust in locating other owners who may be eligible to register and receive benefits

This information is intended for use by the Trusts and Incorporations managed by **Awhi Rōpū Consultants**, P.O. Box 987, Rotorua, as well as their employees and contractors, for administrative purposes.

Please note that failure to provide the requested information may result in a delay or decline of your registration application.

You have the right to access and correct any personal information held about you, in accordance with the **Privacy Act 2020**.

Owner Signature:

Date:

FOR OFFICE USE ONLY:

Date Application Received:

Documentation Validation:

IRD Number Supplied:

Yes | No

Bank Account Verified:

Yes | No

Identification Supplied:

Yes | No

Ownership Verified:

Yes | No

Applications Approved on:

Applicant Notified on: