



Whānau Trust 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

Whānau Trust Name:

Date of Trust Deed/Order:

Primary Contact for the Whānau Trust:

Postal Address:

Phone No (Mobile): Home/Work:

Email Address:

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

TRUSTEES IN THE WHĀNAU TRUST REQUIRED

List the Trustees Full Names and their email or phone number if known:

Full Names	Email or Phone (if known)



CONSENT & ACKNOWLEDGEMENT

By signing this form, the whānau trust authorises the payment of grants and/or dividends to the nominated bank account.

The information collected through this form will be used to:

- Enable the Trust to communicate with the whānau trust via email or post
- Ensure the whānau trust receives the correct benefits
- Assist the Trust in locating other owners or whānau trusts 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 the registration application.

The whānau trust has the right to access and correct any information held about it, in accordance with the **Privacy Act 2020**.

Signed on behalf of the Whānau Trust by:

Name:

Signature:

Date:

FOR OFFICE USE ONLY:

Date Application Received:

<i>Documentation Validation:</i>	IRD Number Supplied:	Yes No
	Bank Account Verified:	Yes No
	Identification Supplied:	Yes No
	Ownership Verified:	Yes No

Applications Approved on:

Applicant Notified on: