

WAIPUPUMAHANA A1B2 AHU WHENUA TRUST**TANGIHANGA GRANT**

NOTES / CHECK LIST		
TO BE COMPLETED AND SIGNED BY APPLICANT		
Please complete numbers 1 – 4 Below.		
	<u>Failure to complete your application correctly may result in your application being declined.</u>	Please tick <input checked="" type="checkbox"/>
1	DETAILS OF DECEASED I have completed Question 1 and this has been signed by a trustee of the Whanau Trust (if applicable). Note: Only shareholders, (or beneficiaries under a Whanau Trust which is a shareholder) and trustees (and trustees' immediate family) are eligible for a tangihanga grant.	
2	DETAILS OF APPLICANT (Person applying for the grant) I have completed Question 2.	
3	CONFIRMATION OF DECEASED I have attached a copy of the Death Certificate or death notice of the deceased shareholder. Note: Applications must be made within 30 days following the death of the shareholder.	
4	NZ BANK ACCOUNT / IDENTITY DETAILS I have attached an appropriate verified New Zealand bank account number AND Identification (Driver's License).	

APPLICANT'S DECLARATION:

I declare that all information provided is true and accurate and I understand that my application may be declined if I fail to complete and attach all requested information. I declare that I am the appropriate recipient / applicant of the tangihanga grant.

Signed: _____
(Applicant)

date ____/____/____

Return completed form and attachments to:

The Secretary

Waipupumahana A1B2 Trust

C\ - Kusabs Lasike Ltd

PO Box 491

ROTORUA 3040

1141 Pukaki Street

ROTORUA

Phone: 07 347 7533

Email: admin@kll.co.nz

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- This application collects personal information about you.
- The information is collected to evaluate your application for a tangihanga Grant.
- The intended recipients of the information are the trustees of Waipupumahana A1B2 Trust.
- The information is being collected and held by Kusabs Lasike Ltd PO Box 441, Rotorua.
- You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

1. DETAILS OF DECEASED

Last Name:

	<i>Mr</i>	<i>Mrs</i>	<i>Miss</i>	<i>Ms</i>
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First Names:

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Date of death:

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Circle one: Individual Shareholder (Owner) / Beneficiary of Whanau Trust

Name of Whanau Trust:

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Whanau Trust Declaration – To be signed by Trustee of Whanau Trust

I (Name) declare that the above named (deceased) is a beneficiary of the Whanau Trust named above.

Signature of Shareholder or Trustee of the Whanau Trust: _____

Contact Details of shareholder/trustee of the whanau Trust:

Address:	Phone:
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2. DETAILS OF APPLICANT

Last Name:

	<i>Mr</i>	<i>Mrs</i>	<i>Miss</i>	<i>Ms</i>
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First Names:

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Phone Number:

Email:

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Address:

Physical:	Postal (if different):
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Relationship to Deceased:

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