

WHĀNAU TRUST REGISTRATION FORM

SECTION 1: TRUSTEE DETAILS (To be completed by a Registered Trustee).

Name of Whānau Trust:	
Whānau Trust IRD no:	
First Name:	
Middle Name:	
Surname:	
Postal address to receive Trust correspondence:	
Post code:	
Mobile phone no:	
Phone (Day):	
Email Address:	
Identification provided:	DRIVERS LICENCE <input type="checkbox"/> or PASSPORT <input type="checkbox"/> or BIRTH CERTIFICATE (Trustee)
<i>Please note: Failing to complete this section in full may hinder payments</i>	

Section 2: Bank Deposit Authority (Bank account must be in the name of the Whānau Trust).

Please attach a pre-printed deposit slip OR fill in the details and have your Bank verify the section below:

“I hereby authorise KLL to deposit any monies owing to me from any Trust/Incorporation KLL administers”:

Bank Account
Name: _____

Branch: _____ Held at: _____

Bank
Branch
Account Number
Suffix

Signature: _____ Date: _____



FOR BANK USE ONLY: Please verify that the above bank account is correct by placing BANK STAMP HERE:

Please complete the reverse side

SECTION 3: TRUST DETAILS

Please list all Trustees:
Please list owners who have vested their shares into this trust:

SECTION 4: Declaration

I hereby certify that the information in this form is correct.

I consent to any of this information being available to the Trust/Incorporation for statistical purposes only.

I consent to the Trust/Incorporation contacting any Agencies to verify that information in this application is true and correct, in accordance with the Privacy Act 1993.

Signature: _____ Date: _____

Once you have completed ALL SECTIONS of this form, please forward to:

Kusabs Lasike Ltd
 1141 Pukaki Street
 PO Box 441
 Rotorua 3040
 Email: megan@kll.co.nz