



# PAENGAROA NORTH K TRUST

## Application for a KOEKE HAUORA GRANT

(For spectacles, hearing aids, dental work and dentures only)

APPLICANT DETAILS:		
Name of Applicant:	Surname _____ First Name(s) _____	
Address:	_____	
		Postal Code: _____
Phone:	(Mobile) _____	(Home) _____
E-mail:	_____	
Bank Account No:	_____ (attach verified bank deposit form)	
Date of Birth:	_____ (attach evidence of age)	
Age at time of application:	_____	
IRD No:	_____	
<b>Applicants must include their IRD number as Maori Authority Tax credits may be attached to any grant approved.</b>		

SHAREHOLDER DETAILS:		(Share Register ID No: _____)
Name of Shareholder: (Individual owner of shares – <u>if different from applicant</u> )	Surname _____ First Name(s) _____	
Name of Whanau Trust: (only if shares are held in a <u>Whanau Trust</u> )	_____ (By signing this application form, you confirm that you are a beneficiary of the whanau trust)	
	Signed by Trustee of Whanau Trust: _____	Dated: _____

FINANCIAL DETAILS:	
Amount requested for a Koeke Hauora Grant:	\$ _____ PLEASE SELECT ONE <input checked="" type="checkbox"/> : Reimburse me <input type="checkbox"/> <u>or</u> Pay Supplier <input type="checkbox"/>
Other trusts applied to for assistance with these costs:  _____	

PTO

(Please Turn Over)

**Please forward your application to:**

Kusabs Lasike Limited · PO Box 441 · ROTORUA 3010 · 1141 Pukaki Street · ROTORUA  
Phone: 07 347 7533 · Email: admin@kll.co.nz

**I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:**

Signed by Applicant:

Dated:

**Health Grant Policy and Criteria:**

1. Applicants must be aged over **60 years** at the time of this application.
2. Grants will be considered to assist with the cost of spectacles, hearing aids, dental work and dentures only.
3. The amount of the grant is up to \$750 at the discretion of the trustees.
4. 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).
5. 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 applicant's bank account. Please attach a bank deposit form.
6. Any shareholder who meets the criteria will only be entitled to receive one Health grant in any 12 month period.
7. From 2012 this grant will be taxable in the hands of the recipient with Maori Authority Tax Credit attached provided the applicant provides an IRD number. If no IRD number is provided, the grant will be subject to Resident Withholding Tax which will be deducted from the grant.
8. 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 fully funded by any other party and authorizes Paengaroa North K Trust to contact any other Trust to which an application has been made.

**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).
- Your own **Bank account deposit form** – verified/signed by bank (if payment has already been made).
- 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).
- I have reviewed the Health Grant Policy and Criteria (stated above).

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