



PAENGAROA NORTH K TRUST

Application for a Discretionary Grant

APPLICANT DETAILS:		
Name of Applicant or Organisation:		
Name and Position of Contact Person: (if applying on behalf of an organisation)		
Address:		
		Postal Code:
Phone:	(Mobile)	(Home)
E-mail:		
Bank Account No:		(attach verified bank deposit form)
IRD No:		
Applications by individuals must include their IRD number as Maori Authority Tax credits may be attached to any grant approved. Applicants from charitable entities must include evidence of their Charitable status.		

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

PURPOSE FOR WHICH FINANCIAL ASSISTANCE IS REQUIRED: (ATTACH SEPARATELY IF REQUIRED)

FINANCIAL INFORMATION:	
TOTAL COSTS:	AMOUNT REQUESTED IN THIS APPLICATION:
\$	\$

HAVE YOU APPLIED FOR ASSISTANCE FROM OTHER TRUSTS OR ORGANISATIONS? IF SO, PLEASE PROVIDE DETAILS

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HOW MUCH HAVE YOU RAISED FROM OTHER SOURCES? / CONTRIBUTED FROM OWN RESOURCES?

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I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:

Signed by Applicant:

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Dated:

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Checklist - Remember – you **MUST** complete *and/or* attach to this application:

- Shareholder name (if different from Applicant name).
- IRD Number.
- Your own **Bank account deposit form** – verified/signed by bank.
- Any other supporting information that would assist the Trustees.

Please forward your application to:

Kusabs Lasike Limited · PO Box 441 · ROTORUA 3040 · Level 1 · 1141 Pukaki Street · ROTORUA
Phone: +64 (07) 3477533 · Email : admin@kll.co.nz