

KAPENGA M TRUST

Application for a TAMARIKI TAUTOKO GRANT

APPLICANT DETAILS:		
Name of Child:		
Name of person applying on behalf of the child:		
Relationship to child:		
Address:		
		Postal Code:
Phone:	(Mobile)	(Home)
E-mail:		
Bank Account No:	(attach verified bank deposit form)	
Applications by individuals must include the child's 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 Child to the Shareholder:		

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

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

IMPORTANT: Please complete form and CHECKLIST opposite side of page >

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

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OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION:

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I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:

Signed by Applicant:		Dated:
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Tamariki Tautoko Grant Policy and Criteria:

1. Grants will be approved up to a maximum of \$100.00 per child, up to and including Year 8, at the discretion of the Moni Aroha Committee.
2. To be eligible for a Grant, the applicant must be one of the following criteria:
 - A shareholder in the Trust
 - A child or grandchild of a Shareholder.
 - A beneficiary of a Whanau Trust which is a shareholder in the Trust.

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

- Shareholder Name.
- Inland Revenue Tax Number of either child or parent/caregiver.
- Your own **Bank account deposit form** – verified/signed by bank.
- Any other supporting information that would assist the Trustees.
- Receipt of payment.

Authorised for payment by KAPENGA M TRUST:

Signed:	
Dated:	

Please forward your application to:

Deloitte · PO Box 12003 · ROTORUA 3045 · Level 2 · Pukeroa Oruawhata House · 1176 Amohau Street · ROTORUA
Phone: +64 (0) 7 343 1050 · Facsimile: +64 (0) 7 343 1051