|  |  |
| --- | --- |
| **Te Manawa o Tūhoe Trust 126 The Strand Suite 4 Park Lane PO Box 625**  **Whakatane 3158** | **P: 073071081**  **E:** [**gm@tmot.co.nz**](mailto:gm@tmot.co.nz)[**www.temanawaotuhoe.co.nz**](http://www.temanawaotuhoe.co.nz/) |

2024 Kaumatua Grant Application



To qualify for the Grant, you MUST ensure that you are 65 years old or over as at the 31st of December 2024 and that you have, completed and returned TMOT Individual Beneficial Owners’ Registration Form

The CLOSING DATE for Applications is Monday 13th January 2025 at 4pm.

Name: SHID #

(Must be same name as given on photo ID and bank authority)

Address:

Post Code:

Date of Birth: / / IRD No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Phone:

Bank Account Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **-** |  |  |  |  | **-** |  |  |  |  |  |  |  | **-** | **0** |  |  |

(NOTE: Please attach an original, signed bank account authority from your bank)

Applicants Signature: Date: / /

**Whānau Trust Beneficiary SHID#**

**(If you are a beneficial owner of a Whanau Trust that is a beneficial owner of TMOT please have this part signed by a Trustee of the Whanau Trust or provide a vesting order)**

**I,** *(Name of Trustee)* **a Trustee of the**

*(Name of Trust)* Whānau Trust

Confirm that the above applicant is a beneficiary of the above Whānau Trust and is a direct descendant.

Trustee Signature: Date: / /

If you require any assistance in completing this form, please contact Te Manawa o Tuhoe Trust Office

|  |  |
| --- | --- |
| **OFFICE USE ONLY:** | |
| Administrator Checked: | Date: |
| Amount of Grant to be paid: $ | Date sent to Accountant: |

MLC = Maori Land Court; TMOT = Te Manawa o Tūhoe Updated November 2024