



# KAUMĀTUA GRANT APPLICATION FORM

## ELIGIBILITY CRITERIA

**The approval of Kaumātua Grants is subject to the following criteria being met:**

- ❖ Shareholders of Māori Investments Limited aged 65 years and over are eligible to apply for our Kaumātua Grants each year.
- ❖ To be eligible, the applicant of the Kaumātua Grant must be an individual shareholder or a beneficiary of a registered Trust of Māori Investments Limited as filed in our register.
- ❖ Eligible applicants can only apply for the Kaumātua Grants one (1) time, each year during the opening dates. Those who are individual shareholders who hold interests in a Trust will not be able to apply twice.
- ❖ Beneficiaries of a registered Trust of Māori Investments Limited will require verification from the Administrator of the Trust. This section **MUST** be completed if this applies to you. Failing to complete this section may result in your application being automatically declined. Please know that this application does not extend to anyone outside the above criteria.
- ❖ Payments will only be made to a NZ bank account of the individual applicant.

### The following applies:

- ❖ Application completed in full and received by **31 October 2022**.
- ❖ Residential Verification (address verification must be provided in the name of the applicant)
- ❖ Photo Identification must be provided.
- ❖ Whakapapa and Administrator Verification Complete (this only applies to those in a Trust)  
Please note: that if the Administrator of the Trust be unknown, or has changed from the records we keep, additional paperwork would need to be completed before this application can be approved.
- ❖ Verified bank details, NZ account only (bank statement or bank verification slip, must be in the name of the individual applicant)

SHAREHOLDER/TRUST ID NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## PERSONAL DETAILS

Full Name			
Date of Birth			
IRD Number			
Address			Postcode
Photographic ID	(Please state type of identification provided)		
Email			
Phone Number			
Signature of Applicant		Date	

## WHAKAPAPA SECTION

### *This section must be completed for those who are beneficiaries of a Trust*

- ❖ Individuals who are beneficiaries of a Trust that hold shares in Māori Investments Ltd must provide their Whakapapa to this Trust.
- ❖ The Administrator will need to confirm that the information you have provided in this section is true and correct.
- ❖ This form must be signed off by the Administrator of the Trust  
Please note: That if the Administrator of the Trust be unknown, or has changed from the records we keep, additional paperwork would need to be completed before this application can be approved.
- ❖ Incomplete forms will automatically be declined.
- ❖ Approved Kaumātua Grants will be paid to the bank account of the individual applicant.
- ❖ **Please show your whakapapa to a Shareholder or Trust of Māori Investments Limited**

Trust Shareholder Name & ID Number

Relationship to Shareholder or Trust

Tipuna:

Parents:

Child/Children:

### **THIS SECTION MUST BE COMPLETED BY THE ADMINISTRATOR OF A TRUST**

#### VERIFICATION DECLARATION

I, as the Administrator of the Trust, declare that the Whakapapa provided by the applicant is true and correct

#### ADMINISTRATOR DETAILS:

Full Name			
Address		Postcode	
Email			
Signature of Administrator			
Date			

- ❖ ***Should the Administrator of the Trust be unknown, or has changed from the records we keep, additional documents would need to be completed before this application can be approved.***
- ❖ ***Complete bank account details (Box B) on page 3.***

**BANK ACCOUNT DETAILS (Box A: Individual Applicants Account)**

Name of Bank		Name of Account	
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**Bank Account Number**

<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**BANK ACCOUNT DETAILS (Box B: Trust Account)**

Name of Bank		Name of Account	
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**Bank Account Number**

<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**ATTACH A VERIFIED COPY OF BANK ACCOUNT**

You must provide a bank statement or bank slip provided by your bank to verify your account, this must clearly show your bank account name (in the name of the applicant) and number. We do not accept screenshots of internet banking or manually completed deposit slips.

**OFFICE USE ONLY**

Received by:

**APPROVAL SECTION**

- |   |   |
|---|---|
| <input type="checkbox"/> Application completed in full: Yes / No  | <input type="checkbox"/> Address Verification                           |
| <input type="checkbox"/> Has the applicant (if required for action for those in a Trust) completed the Administrator confirmation section: Yes / No | <input type="checkbox"/> Bank account attached and verified: Yes / No   |
|   | <input type="checkbox"/> A copy of Photographic Identification provided |
|   | <input type="checkbox"/> Declined (if yes please state below)           |

Reason for Declined Application:

**MUST BE SIGNED BY COMMITTEE MEMBER**

Name:	Position:
Signature:	Date:

**Postal Address:** Māori Investments Limited, Waterhouse Street Extension, PO BOX 229, Kawerau, 3169

**Phone:** 07 323 8146 | **Email:** info@maoriinvestments.co.nz | **Website:** www.maoriinvestments.co.nz