

KAUMĀTUA GRANT APPLICATION FORM 2024

ELIGIBILITY CRITERIA

Kaumātua Grants are now open and will close on Friday 2 August 2024

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

- a. Shareholders of Māori Investments Limited aged **65 years** and over are eligible to apply for our Kaumātua Grants each year.
- b. 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 (MIL) as filed in our register.
- c. Eligible applicants can only apply for the Kaumātua Grants once (1) a year during the opening dates. Those who are individual shareholders who hold an interest in a Trust cannot apply twice.
- d. Beneficiaries of a Trust are eligible to apply for the grants, subject to being approved.
- e. Beneficiaries of a registered Trust of MIL will require the Administrator of that Trust to endorse that the information you have provided, is true and correct. 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.
- f. Payments will be made to the individual's bank account.
- g. All applications must be completed in full and received by **2 August 2024**. Applications received after this date will not be processed.

Please ensure you have provided the following in support of your application:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

IMPORTANT INFORMATION

Beneficiaries and Trustees of a Trust are individuals who are:

- (a) descendants of the original shareholder
- (b) an Administrator and/or trustees of a Trust established in Māori Investments Limited (MIL)

Instructions for Completion of the Trust, Beneficiaries Application Form

For those who are individual shareholders please move to the following section

For those applying under a Trust, the following will apply:

1. All sections of this application form **MUST** be completed as this may result in your application being declined.
2. You **MUST** complete the whakapapa section; this information **MUST** be endorsed by the registered Administrator of your Trust as confirmation that the information you have provided is true and correct.
3. There remains a large number of Trusts who remain non-compliant, meaning that their Trust is not correctly established, and further information or documents are required. So, to ensure there are no delays with your application being approved, please ensure the Administrator of the trust contacts our office to check the status of the Trust.
4. Once completed, please return this form along with your verified identification, bank details, and confirmation of your residential address to:

Māori Investments Limited
Waterhouse Street, Extension
Kawerau
PO BOX 229
Kawerau 3179

Alternatively, you can return your application to info@maoriinvestments.co.nz

5. All information in this application form will remain confidential and utilised for office use only.
6. Whether you are an individual shareholder, trustee, and beneficiary of a Trust, if we hold your current details we may request verified copies as supporting documentation for our files.
7. Please also remember to sign the required sections, if this is not complete your application will be returned to you.

Please know that you are required to physically apply for a Kaumātua Grant each year. This is not an automatic submission.

please continue to the next page

PERSONAL DETAILS

Full Name	Junior Doe		
Shareholder ID Number	1234567		
Address	Waterhouse Street, Extension		
	Kawerau	Post Code	3127
Phone Number	07 323 8146		
Email	junior Doe 2024@gmail.com		
Date of Birth	24/11/1958	Age	65
IRD Number	012-345-678 - must be provided		
Photographic ID	Passport/ Drivers License, 18+ - must be provide		
Signature of Applicant	<i>J. Doe</i>	Date	08/03/2024

WHAKAPAPA SECTION

This section must be completed by those applying under a Trust.

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Please show your whakapapa to the Shareholder or Trust of Māori Investments Limited on the page provided.

[Redacted]

Junior Doe

Shareholder or Trust Name

1234567

Shareholder or Trust ID Number

Individual Shareholder/ Kaipupuri

Please state your relationship to Shareholder or Trust

please continue to the next page

This section must be completed for those who are applying under a Trust.

Please complete full names. If additional space is required, please continue on a separate page.

		Great Grandfather	Great-Great Grandfather
	Grandfather	Great Grandmother	Great-Great Grandmother
		Great Grandfather	Great-Great Grandfather
	Great Grandmother	Great Grandmother	Great-Great Grandmother
Father		Great Grandfather	Great-Great Grandfather
	Grandmother	Great Grandmother	Great-Great Grandmother
		Great Grandfather	Great-Great Grandfather
	Great Grandmother	Great Grandmother	Great-Great Grandmother
You		Great Grandfather	Great-Great Grandfather
	Grandfather	Great Grandmother	Great-Great Grandmother
		Great Grandfather	Great-Great Grandfather
	Great Grandmother	Great Grandmother	Great-Great Grandmother
Mother		Great Grandfather	Great-Great Grandfather
	Grandfather	Great Grandmother	Great-Great Grandmother
		Great Grandfather	Great-Great Grandfather
	Great Grandmother	Great Grandmother	Great-Great Grandmother

WHAKAPAPA VERIFICATION

This section MUST be completed and signed by the registered Administrator of the Trust established in MIL.

I, as the Administrator of the Trust, declare that the Whakapapa provided by the applicant is true and that I take full responsibility to ensure this information is correct.

ADMINISTRATORS VERIFICATION DETAILS

Full Name			
Address			
		Post Code	
Email			
Phone Number			
Signature of Administrator		Date	

❖ 

BANK ACCOUNT DETAILS

BOX A: Individual Applicants Account

Please provide your individual bank account.

Name of Bank	First Credit Union	Name of Account	Junior Doe
--------------	--------------------	-----------------	------------

Bank Account Number

1	2	—	3	4	5	6	—	7	8	9	1	0	1	1	—	1	2	
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

BOX B: Trust Accounts

Please provide the Trust account if you wish to have your grant paid into this account.

Name of Bank		Name of Account	
--------------	--	-----------------	--

Bank Account Number

		—					—								—			
--	--	---	--	--	--	--	---	--	--	--	--	--	--	--	---	--	--	--

In the form of a bank statement or bank slip provided by your bank to verify your account. This must clearly show your bank account number and name on the account (in the name of the applicant). **We do not accept** screenshots of internet banking or manually completed deposit slips

please continue to the next page

PRIVACY INFORMATION

The information provided in this application will be obtained and utilised by MIL to assess your application and/ or ongoing administration purposes.

You consent for MIL to obtain information about you from third parties for the purpose to assess your application and provide verified documents as proof of your identity.

You consent for MIL to obtain a copy of your signature on file to verify that no fraudulent actions are undertaken.

You have the right to request your information for review and correct your personal details at any time.

DECLARATION

I declare:

- (a) The information provided in this application is true and correct.
- (b) I will advise MIL if the information I have provided changes or ceases to be correct.
- (c) That I take full responsibility to ensure MIL obtains my current details and will notify staff of any changes.
- (d) I have read and consent to the privacy information set out above in the Privacy Information section.
- (e) I will at all times act lawfully to exercise my rights and requirements as an individual shareholder, trustee, beneficiary, and/or descendant.
- (f) I have read and agree to comply with the requirements of this application and further requests from staff (shall this apply) regardless of MIL obtaining my information as an individual shareholder, trustee, beneficiary, and/or descendant.

I acknowledge that I as an individual shareholder, trustee, beneficiary and/or descendant of a MIL shareholder, must treat staff and other shareholders with respect and must not act in a manner that is disrespectful or offensive to others, or, in a manner that may bring MIL into disrepute. I understand that if my application is accepted, any breach of this obligation of the above declaration may result in my application being forfeited, and/or withdrawn.

Signature: *J. Doe*

Name: Junior Doe

Date: 08/03/2024

Please know that your application can take up to 3 weeks after the closing date to be processed.
You will be notified via post of the outcome.

OFFICE USE ONLY

Received by (Staff Name):

APPROVAL SECTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> Application completed in full: Yes/No | <input checked="" type="checkbox"/> Address verification provided |
| <input type="checkbox"/> Has the applicant (for those in a Trust) completed the verification declaration section: Yes/No | <input checked="" type="checkbox"/> Bank account verification attached: Yes/No |
| <input type="checkbox"/> If applying under a Trust is the Trust fully compliant: Yes/No | <input checked="" type="checkbox"/> A copy of applicant's photographic identification provided: Yes/No |
| | <input checked="" type="checkbox"/> Application approved: Yes/No (If the application is not approved, please state the reason below) |

Reason for the application being denied:

MUST BE SIGNED BY A 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