

KAUMĀTUA GRANT APPLICATION FORM 2025

ELIGIBILITY CRITERIA

Kaumātua Grants are now open and will close on Friday 1 August 2025

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 **1 August 2025, by 3pm**. Applications received after this date and time will not be processed.

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

- A copy of your residential address (this must be provided and clearly state the name of the applicant) *Please know that you must inform us if your details have changed from the records we obtain as this may delay your application being processed.*
- A copy of your photo identification in the form of a driver's License, Passport, or 18+. If you do not obtain either one listed above, please let us know as additional documentation will need to be completed.
- A verified copy of your bank account in the form of a bank statement, bank verification slip, or stamped verification from your bank.
- Please remember to sign your application.
- For those applying under a whanau Trust, you **must** complete the whakapapa section and have the Administrator of that Trust verify the information that you have provided is true and correct.
Please know that if the Administrator or the Trust is unknown or has changed from the records we keep, additional documents are required for completion before this application can be approved.

IMPORTANT INFORMATION

Beneficiaries and Trustees of a Trust are individuals who are:

- (a) descendants of the original shareholder and associated with a registered Whanau Trust established in Māori Investments Limited (MIL)
- (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			
Shareholder ID Number			
Address			
		Post Code	
Phone Number			
Email			
Date of Birth		Age	
IRD Number			
Photographic ID			
Signature of Applicant		Date	

WHAKAPAPA SECTION

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

- ❖ Individual applicants who wish to apply for this grant and hold an interest with a registered Trust of MIL must provide their whakapapa to that Trust.
- ❖ Once completed the registered Administrator (as stated on our files) of your Trust must endorse this section, confirming that the information you have provided is true and correct.
- ❖ Please do not sign this section yourself unless you are the Administrator of the Trust applying for a Kaumātua Grant.
- ❖ If the Administrator of the Trust is unknown, or has changed from the records we keep, additional documents are required for completion before this application can be approved.
- ❖ It is the Administrators/Trustees responsibility to inform us of any changes to the Trust.
- ❖ Incomplete forms will automatically be declined.
- ❖ Approved Kaumātua Grants will be paid to the bank account of the individual unless otherwise advised.

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

Shareholder or Trust Name

Shareholder or Trust ID Number

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

- ❖ **Should the Administrator of the Trust be unknown, or has changed from the records we keep, additional documents are required for completion before this application can be approved.**

BANK ACCOUNT DETAILS

BOX A: Individual Applicants Account

Please provide your individual bank account.

Name of Bank		Name of Account	
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Bank Account Number

- - -

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	
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Bank Account Number

- - -

Please attach a verified copy of your bank account

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 will at all times act lawfully to exercise my rights and requirements as an individual shareholder, trustee, beneficiary, and/or descendant.
- (e) 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.
- (f) I have read and consent to the privacy information set out above in the Privacy Information section.
- (g) That if my application is not returned before the closing date MIL are not obligated to accept my late submission and no exemptions will be granted.

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:

Name:

Date:

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 type="checkbox"/> Application completed in full: Yes/No | <input type="checkbox"/> Address verification provided |
| <input type="checkbox"/> Has the applicant (for those in a Trust) completed the verification declaration section: Yes/No | <input type="checkbox"/> Bank account verification attached: Yes/No |
| <input type="checkbox"/> If applying under a Trust is the Trust fully compliant: Yes/No | <input type="checkbox"/> A copy of applicant's photographic identification provided: Yes/No |
| | <input 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