

Te Manawa o Tūhoe Trust  
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 Suite 4 Park Lane  
 PO Box 625  
 Whakatane 3158

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 E: [gm@tmot.co.nz](mailto:gm@tmot.co.nz)  
[www.temanawaotuhoe.co.nz](http://www.temanawaotuhoe.co.nz)



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

The **CLOSING DATE** for Applications is **Monday 13<sup>th</sup> January 2025 at 4pm.**

## 2024 Kaumatua Grant Application

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:

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**(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: |