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

P: 073071081
E: gm@tmot.co.nz
www.temanawaotuhoe.co.nz

To qualify for the Grant, you MUST ensure that you are 65 years old or over before 31st December 2025 and that you have, completed and, returned a TMOT Individual Beneficial Owners' Registration Form

The CLOSING DATE for Applications is 4.00pm Wednesday 31st December 2025

2025 Kaumatua Grant Application

Name: _____ **SHID #** _____

(Photo ID must be provided and match Form 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# _____

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 to complete this form, please contact Te Manawa o Tūhoe Trust

OFFICE USE ONLY:	
Administrator Checked:	Date:
Date sent to Accountant:	Bank Verification Provided:
Amount of Grant to be paid: $	Photo Provided:

MLC=Maori Land Court; TMOT=Te Manawa o Tūhoe

Updated September 2025