

Mangatawa Papamoa Blocks Incorporation

APPLICATION FOR KAUMATUA (SENIOR CITIZENS') GRANT

I, _____ (full name),

of _____ (address),

hereby apply for a Senior Citizens Grant from Mangatawa Papamoa Blocks Incorporation.

Date of birth: ___ / ___ / ___ Male Female

Phone no.: (___) _____ Mobile no.: _____

I am a sole shareholder.

OR I am a beneficiary * of _____ Whanau Trust.

(* Whanau Trust beneficiaries must also have the bottom half of this page completed and signed.)

I reached / will reach (strike out as appropriate) the age of 65 on ___ / ___ / 20 ___.

Attached is a copy of one of the following documents as evidence of my age:

- Birth certificate
- Driver's licence
- Passport
- Other: _____ (please specify)

Signature: _____

Date: ___ / ___ / ___

* WHANAU TRUST BENEFICIARY CONFIRMATION

I confirm that the person named above is a beneficiary of the following Whanau Trust and a direct descendant of the Tupuna of that Trust.

(Trustee of Whanau Trust to complete and sign.)

Name of Trust: _____

Name of Trustee: _____

Address: _____

Trust IRD no.: ___ - ___ - ___ Phone no.: (___) _____

Mobile no.: _____

Trustee signature: _____ Date ___ / ___ / ___

Please return to:

Mangatawa Papamoa Blocks Incorporation
1 Te Rama o te Tihi Place, RD5 Mangatawa
Tauranga 3175, New Zealand

Sole shareholders do not need to complete this section ▼

Mangatawa Papamoa Blocks Incorporation

BANK DEPOSIT AUTHORITY & IDENTITY CONFIRMATION FORM

(Office use only—S/H no.: _____)

Last Name: _____

First Names: _____

Other names you are known by: _____

OR Whanau Trust Name: _____

Name of Contact Trustee: _____

Full address: _____

Date of Birth: ___ / ___ / ___ **OR** Trust formation date: ___ / ___ / ___

Male Female Whanau Trust Phone no.: (___) _____

IRD no.: ___ - ___ - ___ Mobile no.: _____

*Please attach a pre-printed bank deposit slip **OR**
fill in the details below and have a representative from your bank verify them.*

I hereby authorise Mangatawa Papamoa Blocks Incorporation to deposit to the following account all distributions owing me under their accounting control.

Name of account holder: _____

Name of Bank: _____

Branch Name: _____

Bank	Branch	Account Number	Suffix
_____	_____	_____	_____

Signature: _____

Date: ___ / ___ / ___

BANK USE ONLY: Please verify that the above bank account is correct and complete by placing your bank's stamp here. →

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[]
[]
[]
[]

Please complete this form in full (BOTH SIDES for Kaumatua), sign it and forward it to:

Mangatawa Papamoa Blocks Incorporation
1 Te Rama o te Tihi Place, RD5 Mangatawa
Tauranga 3175, New Zealand

T: +64 7 574 8366

secretary@mangatawa.com

www.mangatawa.co.nz