

OFFICE USE ONLY

Date Received:

Date Approved:

PLEASE RETURN TO:

Te Hanga South Lands Trust PO Box 7233, Hamilton 3247 Web: www.tehangasouth.org.nz

KOROUA KUIA ANNUAL GRANT

KOROUA KUIA ANNUAL GRANI	
NAME OF OWNER:	
Also known as:	
Name of Whanau Trust (if applicable)	
Block Name:	Block No:
M / F Date of Birth:	IRD No:
Current address:	
	Email:
Applicants must supply proof of ident	Cell: ification and age – a copy of your Super Card, accepted.
application. If the applicant is a member of a Whanau trustee of the Whanau Trust. An applicant may only receive one korou Owners in more than one block can only The grant amount to be paid is net of any Grant payments will be made in the name a Whanau Trust, the applicant's grant payments will be made by direct credit of verified copy of their bank account details. The applicant agrees that the details produpt its record of Owners Details. Signature:	y applicable tax. e of an owner only. Thus, if the applicant is a member of ayment will be made to the Whanau Trust. only. The applicant or Whanau Trust must attach a bank is or a pre-printed bank account deposit slip. ovided on this application form can be used by the Trust to

Details Confirmed (Y/N):

Payment Ref:

Date Records Updated:

Date Processed: