

## KOROUA KUIA ANNUAL GRANT

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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: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Applicants **must** supply proof of identification and age – a copy of your Super Card, or current Driver Licence, or Passport, or Birth certificate, or Justice of the Peace seal is accepted.

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**Conditions of application:**

1. All applicants must complete this application form and be 60 years of age or older at the time of application.
2. If the applicant is a member of a Whanau Trust then the application must also be signed by a trustee of the Whanau Trust.
3. An applicant may only receive one koroua kuia grant from the Trust in any twelve month period.
4. Owners in more than one block can only apply once.
5. The grant amount to be paid is net of any applicable tax.
6. Grant payments will be made in the name of an owner OR in the name of the partner of a deceased owner OR if the applicant is a member of a Whanau Trust, the applicant's grant payment will be made to the Whanau Trust.
7. Payments will be made by direct credit only. The applicant or Whanau Trust must attach a bank verified copy of their bank account details or a pre-printed bank account deposit slip.
8. The applicant agrees that the details provided on this application form can be used by the Trust to update its record of Owners Details. Your personal information is stored in accordance with the Privacy Act 2020.
9. Payment will be made by direct credit into New Zealand bank accounts only. Applicants residing overseas may attach a written request to deposit their grant into a New Zealand bank account that does not belong to a Trust owner.

**NOTE:** Any information or documentation not provided may result in a delay or declining of the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature – Whanau Trust Trustee (if applicable): \_\_\_\_\_

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OFFICE USE ONLY

Date Received: \_\_\_\_\_ Details Confirmed (Y/N): \_\_\_\_\_ Date Records Updated: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Payment Ref: \_\_\_\_\_ Date Processed: \_\_\_\_\_