



P.O. Box 810  
WHAKATANE 3158

Telephone (07) 308 9700  
Fax (07) 308 4700

## APPLICATION FOR TANGIHANGA GRANT

Name of Applicant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Bank Account No: \_\_\_\_\_ Bank slip attached  Tick

### Whakapapa:

Please show clearly that the deceased is a current shareholder or a descendant of a current shareholder of Kiwinui Trust.

Great Grandparent: \_\_\_\_\_

Grandparent: \_\_\_\_\_

Parent: \_\_\_\_\_

Deceased: \_\_\_\_\_

Please highlight the name of the period listed on the share register and fill in the whakapapa of the deceased showing his/her relationship to that person. If unsure, please check the share register at the office of Goldsmiths, Level One, 189 The Strand, Whakatane.

### Applicant's Declaration:

I declare that all information is true and accurate and I understand that my application may be declined if I fail to complete and attach all requested information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant)

### **Tangihanga Grants information and criteria**

- Only shareholders, children, grandchildren or great grandchildren of shareholders are eligible for this grant.
- An invoice for costs relating to the tangihanga must be produced.
- Costs of up to \$500 will be paid out as a grant.
- A deposit slip showing bank account details must be attached.

Please forward your completed form and attachments to:

Kiwinui Trust  
P O Box 810  
Whakatane, 3158