



MANAAKI GRANT APPLICATION FORM 2020

Applicant Details

Are you a registered member of Ngāti Tama ki Te Tau Ihu? Yes No * Under 17 ** (tick one)

*** If you are not a registered member you will need to register first, before a Manaaki grant can be considered.**

**** If 17 years or younger, a registered parent must also complete the Parent Details section.**

Surname: _____ First Name/s: _____

Date of Birth: _____ Male Female (tick one)

Street Number and Name: _____ Suburb/Town/City: _____

Phone Number: _____ Email: _____

Registered Parent Details (For applicants 17 years or younger)

If you are not a registered member you will need to register first, before a Manaaki grant can be considered.

Surname: _____ First Name/s: _____

Date of Birth: _____ Male Female (tick one)

Street Number and Name: _____ Suburb/Town/City: _____

Phone Number: _____ Email: _____

Bank Account Details:

Your Bank: _____ Your Bank Account Name: _____

Your Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please send verification of your bank account number ie:

- bank statement
- screen shot from internet banking
- deposit slip (handwritten account numbers on a deposit slip must be stamped/verified by your bank).

Manaaki Information

This grant is to assist with health and wellbeing related needs.

What is your reason for applying for a Manaaki Grant?

What amount are you seeking? _____

What will the grant be used for?

Are there any referees we can contact regarding your application? (e.g. doctor or health professional)

Please include with your application:

1. Information that confirms the need you have e.g. letters from health professionals
2. Other supporting information including invoices, receipts or quotes.

Please sign the Declaration below:

- 1) I certify that all of the information supplied in this application is correct.
- 2) If the applicant is 17 years or younger, the Registered Parent of the child must sign.

Signed: _____ Date: _____

Please either scan/email your application to pouawhina@ngati-tama.iwi.nz or:

Post to:
PO Box 914
Nelson 7040

Deliver to:
Ngāti Tama ki Te Waipounamu Trust Office
74 Waimea Road, Nelson