



# MANAAKI GRANT APPLICATION FORM 2021

## Personal Details

Are you a registered member of Ngāti Tama ki Te Tau Ihu?      Yes      No      (please circle one)  
**If you are not a registered member you will need to register first, before a Manaaki grant may be approved.**

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male      Female      (please circle one)

Street Number and Name: \_\_\_\_\_ Suburb/Town/City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Ngāti Tama ki Te Tau Ihu Affiliations:

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Tāne

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Wahine

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Tāne

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Wahine

TŪPUNA

TŪPUNA

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MATUA

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WHAEA

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KO KOE

## Bank Account Details:

Your Bank: \_\_\_\_\_ Your Bank Account Name: \_\_\_\_\_

Your Bank Account Number:

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**Please send verification of your bank account number.**

# Manaaki Information

What is your reason for applying for a Manaaki Grant?

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How will you use the grant (up to \$500)?

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Are there any referees we can contact regarding your application? (e.g. doctor, specialist, community leader?)  
Please provide their contact details below:

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**Support letters may also help your application. Please attach any supporting information including letters, quotes or receipts.**

## Please remember to attach:

- Verification of your bank account number
- Supporting letters
- Quotes or receipts

## Please sign the Declaration below:

1) I certify that all of the information supplied in this application is correct.

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

## Send your completed application form to:

POST:

74 Waimea Rd  
Nelson 7010

PO Box 914  
Nelson 7040

EMAIL:

[pouawhina@ngati-tama.iwi.nz](mailto:pouawhina@ngati-tama.iwi.nz)