

Personal Details

Are you a registered member of Ngāti Tama ki Te Taihu? Yes No (please tick 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 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:

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Please send verification of your bank account number ie:

- bank statement
- screen shot from internet banking.

Manaaki Information

What is your reason for applying for a Manaaki Grant?

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

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

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.
- 2) I agree that my application will not be accepted if it is incomplete.

Signed: _____ Date: _____

Send your completed application form to:

POST:

PO Box 914
Nelson 7040

EMAIL:

pouawhina@ngati-tama.iwi.nz