

Eligibility Criteria

Please read the following carefully:

- You need to be a registered whānau member of Ngāti Tama ki Te Taihū [NT] to apply for this grant.
- You can apply for one subsidy per year, per person.
- Ensure this form is fully completed and all accompanying information attached as requested – Incomplete applications will not be processed.

Send completed applications to grants@ngati-tama.iwi.nz or Ngāti Tama ki Te Taihū, PO Box 914, Nelson 7040

Applicant Details

Are you a registered member of Ngāti Tama ki Te Taihū?

☐ Yes

☐ No

If you are not a registered member, you will need to register first before your application is considered.

Membership Number: _____

Surname: _____

First Name/s: _____

Date of Birth: _____

☐ Male

☐ Female

☐ Other: _____

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 i.e.:

- Bank statement
- Screen shot from internet banking

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:

**** Please attach any supporting information relevant to your application including letters, quotes, or receipts.***

Remember to attach:

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

Declaration

- 1) I certify that all the information provided in this application is true and correct.
- 2) I agree that my application will not be accepted if it is incomplete.

Signed: _____

Date: _____