

# Rotoiti 15 Trust

## Kōeke Grant Application Form



**CLOSING DATE:** Friday 30 October Annually

**PLEASE SEND APPLICATIONS TO:**

**Physical Address:** GHA  
Level 1, GHA Centre, 1108 Fenton Street  
Rotorua

**Postal Address:** PO Box 1712  
Rotorua 3040

**Contact Info:** Phone: (07) 348 3599, Fax: (07) 347 3596  
Email: [info@rotoiti15.com](mailto:info@rotoiti15.com)

**Purpose:**

The purpose of the Kōeke Grants are to:

- acknowledge the role kōeke play in our whānau, hapū, iwi and communities
- demonstrate our tikanga of respecting and supporting our kōeke
- provide some financial support to kōeke during the Christmas period
- acknowledge the generations that went with 'no or little' income from the land over three decades

**Eligibility:**

1. Kōeke grant applicants must be:

- 70 years or over as at 1 November of current year;
- a shareholder or;
- a direct descendant of a shareholder or;
- a beneficiary of a whānau trust that is a shareholder or;
- entitled to a life interest in accordance with the provisions of the Māori Land Court;
- living in New Zealand.

2. Kōeke grants will only be paid to Shareholders with validated details on the Trust Register as at 1 November of current year.

3. All sections of this form must be completed.

## SECTION 1: APPLICANT DETAILS

First Name:

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Middle Name:

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Surname:

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Gender:

☐ Male ☐ Female

Date of Birth:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age:

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Postal Address:

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Post Code:

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Cell phone No:

(    )

Phone (Day):

(    )

Email Address:

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## SECTION 2: WHAKAPAPA DETAILS

**Current Shareholder Name: (Individual)**

(if applicable)

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**Current Shareholder Name: (Trust)**

(if applicable)

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**Please complete your whakapapa in the section below (only the side relating to Rotoiti 15 interests)**

**Your Father's Side:**

Father's Name

Grandfather's Name

Grandmother's Name

**Your Mother's Side:**

Mother's Name

Grandfather's Name

Grandmother's Name

### SECTION 3: BANK DEPOSIT AUTHORITY & CONFIRMATION OF IDENTITY

**NAME:** Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Other Names You are Known By: \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**MALE:** ☐

**FEMALE:** ☐

**I.R.D. NUMBER:** \_\_\_\_\_

**TYPE OF IDENTITY PROVIDED:** \_\_\_\_\_

(Attach copy of Passport or Driver's Licence or Birth Certificate to this application)

Please attach a pre-printed bank deposit slip OR fill in the details below and have your Bank verify the section below:

"I hereby authorise GHA to deposit any monies owing to me from **Rotoiti 15 Trust**":

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

Branch: \_\_\_\_\_

Held at: \_\_\_\_\_

Bank

Branch

Account Number

Suffix

Signature: \_\_\_\_\_

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

**FOR BANK USE ONLY:**

Please verify that the above bank  
account is correct by placing

**BANK STAMP HERE:**

## SECTION 4: DECLARATION

I hereby certify that the information in this application form is correct, and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by due date.

I consent to any of this information being made available to Rotoiti 15 Trust for statistical purposes only.

I consent to Rotoiti 15 Trust contacting any Agencies to verify that information provided in this application is true and correct, in accordance with the Privacy Act 1993.

**Signature**

**Date**

### **CHECKLIST:**

Please ensure you have completed the following information;

<input type="checkbox"/>	<b>Current Shareholder (Section 2)</b> Applicant must ensure the Current Shareholder as stated in Whakapapa Section has completed a Shareholders Registration Form (check with the office if in doubt).
<input type="checkbox"/>	<b>Bank Account Details Verified (Section 3)</b>
<input type="checkbox"/>	<b>Declaration signed by Applicant (Section 4)</b>
<input type="checkbox"/>	<b>Proof of Identity Attached (i.e. copy of Passport or Driver's License or Birth Certificate)</b>

### **OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicants First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Application Completed: ☐ Yes ☐ No

Shareholder Number: \_\_\_\_\_

Shareholder Name: \_\_\_\_\_

Registration Completed: ☐ Yes ☐ No

**Comment:**