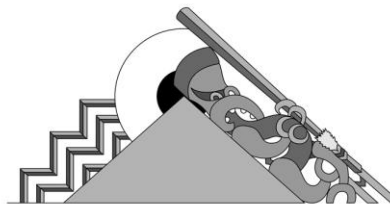


Tiroa Te Hape Charitable Trust
 PO Box 51
TE KUITI 3941
 Tel: 07 878 8640
 Email: sharon@tiroatehape.maori.nz



APPLICATION FOR TANGIHANGA GRANT

1. Full Name of Deceased: Surname: _____
 First Names: _____

2. Male/Female Date of Birth: _____
 Date of Death: _____

3. Home Address of Deceased: _____
 _____ Post Code _____

4. Name of Owner as Per List: _____
 Block/Blocks _____ List Number: _____

5. Family Representative: Name: _____
 Address: _____
 _____ Post Code _____
 Telephone/email: _____
 ID: _____

6. Tangi Marae: _____

7. Direct Credit to: (Bank Ac Details & Deposit Slip if possible) _____
 (We Recommend Receiving the Grant by Direct Credit as this makes the Grant & Bank processing time considerably shorter than by Cheque.)
 Bank Account Name: _____

8. **Declaration**

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief.

Signed: (Family Representative) _____

Dated at: This _____ Day of _____ 20____

ELIGIBILITY

The deceased for whom a Tangihanga Grant is sought, **must** be a shareholder or a member of a Whanau Trust in Tiroa E or Te Hape B Trusts.

FOR OFFICE USE ONLY

Approved: Trustee: _____ Date: _____

Trustee: _____ Date: _____

Grant Pd xTrust: _____ x Bk Ac: _____ Amount: _____ DCr : _____ Date: _____

Grant Pd xTrust: _____ x Bk Ac: _____ Amount: _____ DCr : _____ Date: _____