# Kaumātua Grant

### Application Form

Registered members of Ngāti Whātua Ōrākei can apply for a Kaumātua Grant. This is for those who are 65 years of age or older (on or prior to the closing date) to support your happiness, health and wellbeing.

You only need to complete this form if you have not received a Kaumātua Grant before.

If you received the Kaumātua Grant last year we will pay this year's Kaumātua Grant into the same bank account. If you have changed any of your bank account or contact details, please let us know so that we can update our records.

For more information about our Kaumātua Grant and other services for Kaumātua please contact:

Steve Pihema: Kaitiaki Kaumātua

Phone me at work: 09 366 1670, On my Mob: 022 470 4432,

Or call our Freephone: 0508 6967 2534

Email: <a href="mailto:stevep@nwo.iwi.nz">stevep@nwo.iwi.nz</a> Find us online: <a href="mailto:www.ngatiwhatuaorakei.com">www.ngatiwhatuaorakei.com</a> Call in for a cuppa: Whare Ora, 230 Kupe St, Ōrākei (next to Puna Reo)

New Applicants Only  Please print clearly										
Are you registered?		Yes No								
First Name: *		Last Name: *								
Gender: * Male/ Female (Please circle) Date of Birth:* / /										
Home Address:*	Number	Street Name								
	Suburb									
_	Town Post Code									
Home Phone:		Mobile:								
Email:										

This form is for registered members who have never applied for a Kaumātua Grant before.

NWŌ: DATE:

Bank Account Details*															
Your NZ Bank #:															
	Bank	[	Branch			А	CCOL	ınt No	).			Suffix	<		
*If you have an overseas account, please turn complete your bank details below.															
International	Bank Ac	count l	Numbe	er:											
Account Name	:														
Name of Bank:															
Branch:															
Address:															
Country:															
SWIFT Code:															
Australia															
OR	BSB N	No.	Accou	int No.											
Other															
L	SO &	Ban	<u> </u>	Rar	nk Co	do 8,	Δ.c.c.	ount	No						
	check	Dani	×	Dai	IK CO	ue X	ACC	ount	INO.						
Note: Please provide a copy of your pre-printed deposit slip, bank statement or bank printout to verify your account name and number.															
Declaratio		se print)	declare	e that th	ne info	ormat	tion I	have	prov	ided	in thi	s form	n is tri	ue a	ınd
correct.															
Sign:						I	Date	:							

NWŌ: DATE:

#### **Please Return Your Forms:**

#### **BY HAND TO:**

Ngāti Whātua Ōrākei Whai Maia Office 230 Kupe Street, Ōrākei Auckland 1071

#### **BY POST TO:**

Ngāti Whātua Ōrākei Kaumātua Services PO Box 42 045 Ōrākei AUCKLAND 1071

#### **BY EMAIL TO:**

stevep@nwo.iwi.nz

## **Need Some Information or Support?**

Steve Pihema: Mobile 022 470 4432, Office: 09 336 1670

Freephone: 0508 6967 2534

Email: stevep@nwo.iwi.nz

Office 230 Kupe Street, Ōrākei (next to Puna Reo)



NWŌ: DATE: