

# Charitable Company Limited

(A subsidiary of Tauhara North No 2 Trust)



## APPLICATION for HEALTH GRANT

**Fill in panels where \* is displayed. Please note Health Grants apply within NZ Only.**

<p><b><u>Applicant</u></b></p> <p>First Name: _____ Surname: _____</p> <p>Sex: M / F      Date of Birth: ____ / ____ / ____      Physical Address: _____</p> <p>Phone: _____      Fax: _____</p> <p>Email: _____</p> <p><b>Ensure all supporting documents are attached to the application.</b></p>	*												
<p><b><u>Shareholder/Descendant Validation</u></b></p> <p>Applicant must be a shareholder or a descendant of a shareholder</p> <p>Name of shareholder: _____      Shareholder Number: _____</p> <p>If a descendant, please complete whakapapa below to connect to the shareholder.</p> <p><b>Please tick the appropriate box.</b> Are you connected to an Owner: <input type="checkbox"/>      Whanau Trust: <input type="checkbox"/>      Both: <input type="checkbox"/></p>	*												
<p><b><u>Whakapapa</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">_____</td> <td style="width: 30%; text-align: center;">G Father</td> </tr> <tr> <td style="text-align: center;">Father</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">G Mother</td> </tr> <tr> <td style="text-align: center;">Applicant (If spouse please put owner's details)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">G Father</td> </tr> <tr> <td style="text-align: center;">Mother</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">G Mother</td> </tr> </table>		_____	G Father	Father	_____	G Mother	Applicant (If spouse please put owner's details)	_____	G Father	Mother	_____	G Mother	*
	_____	G Father											
Father	_____	G Mother											
Applicant (If spouse please put owner's details)	_____	G Father											
Mother	_____	G Mother											
<p><b><u>Service Provider</u></b></p> <p>Business Name: _____</p> <p>Business Contact Details:</p> <p>Address: _____</p> <p>Phone: _____      Fax: _____</p> <p>Quote Number: _____      Valid for _____ Days</p> <p>Comments: _____</p>	*												

**APPLICATIONS CLOSE 30<sup>th</sup> JUNE EACH YEAR**

# Charitable Company Limited

(A subsidiary of Tauhara North No 2 Trust)



## Health Grant Con't

<b>Payment of Grant to NZL Service Provider</b>		*
Amount Payable to: _____ Bank Acct Details: _____		
<b>Declaration</b> (Note: Applicant must be 18 years of age) I hereby certify that the information in this application is true and correct to the best of my knowledge and agree to inclusion of main details in the Trusts Annual Report for accountability purposes.  Dated at _____ this _____ day of _____ 2011 (Town) (Date) (Month)  Signature of Applicant _____ (please print full name) _____  Note: The Trustees reserve the right to decline the application if not completed fully and the information requested is not supplied		*
<b>Office Use Only</b> Register code: _____ Confirmation Date: _____ Fax ( ) or Email ( ) or Written Approval yes / no Approved / Declined _____ Date _____ DC _____ Amount NZL\$ _____ Date _____ Account Type _____		
Approved for Payment:	Authorised for Payment:	
<input type="checkbox"/> Bank Template  <b>Share IT Details</b> <input type="checkbox"/> ID <input type="checkbox"/> IRD # <input type="checkbox"/> Bank Account <input type="checkbox"/> Address <input type="checkbox"/> Contact	<input type="checkbox"/> Online Banking Payment  <input type="checkbox"/> Share IT Initiatives <input type="checkbox"/> xls <input type="checkbox"/> If spouse - copy of NZMC <input type="checkbox"/> Copied to file <input type="checkbox"/> Remittance sent <input type="checkbox"/> GP analysis if applicable	