

# Charitable Company Limited

(A subsidiary of Tauhara North No 2 Trust)



## APPLICATION for TANGIHANGA GRANT

**Fill in panels where \* is displayed All applications will be considered.**

<b><u>Applicant</u></b> *	
First Name: _____ Surname: _____ Physical Address: _____ Phone: _____ Fax: _____ Email: _____	
<b><u>Shareholder Validation</u></b> *	
<b>Applicant must be a shareholder or a descendant of a shareholder</b> Name of shareholder: _____ Shareholder Number: _____ Please complete whakapapa below to connect to the shareholder.	
<b>A copy of the Death Certificate must be attached to the application. D.O.D __/__/____</b> *	
<b><u>Whakapapa</u></b> _____ _____ ( Deceased ) _____ _____ _____	
<b><u>Payment of Grant</u></b> *	
Amount Payable to: _____ Bank Name: _____ Branch Name: _____ A/c No: _____	
<b><u>Declaration</u></b> *	
<b>(Note: Applicant must be 18 years and over)</b> <b>I here by 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.</b> Dated at _____ this ____ day of _____ 2011 Signature of Applicant _____ <b>Note: The Trustees reserve the right to decline the application if not completed fully and the information requested is not supplied</b>	
<b><u>Office Use Only</u></b>	
Approved / Declined _____ Date _____ DC / Visa _____ Amount \$ _____ Date _____	
<b>Approved for Payment:</b>	<b>Authorised for Payment:</b>