

2024 - DRIVERS LICENCE GRANT

TERMS AND CONDITIONS

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ADVANCEMENT OF HEALTH AND RELIEF OF POVERTY

This grant is to support Pouakani Members towards the cost of obtaining their drivers licences, and to encourage and assist with independence and quality of life

APPLICATION DATES:

OPEN all year round

AMOUNT:

\$ 80.00 koha into your nominated bank account, for all licence types. Payment will be made on/around 20th of the month following approval

CRITERIA:

- 1. You must be a registered member of Pouakani Trust
- 2. All required documentation must be supplied. Incomplete applications will not be considered.
- 3. Documentation required:
 - Proof of passing your licence; or
 - Proof of payment to sit the licence.
- 4. Applications must be made no later than 6months after passing the Licence Type.
- 5. Payment will be made in NZD (or equivalent) into your nominated NZ bank account please ensure it is the correct account as Pouakani Trust will not take responsibility for missing funds based on incorrect details provided
- 6. Pouakani Trust will only deposit grants to New Zealand bank accounts
- 7. Applications will be reviewed on a monthly basis, and payment will be made on/around 20th of the month following approval
- 8. You are only eligible to apply for this grant once per Licence Type. In the unfortunate event that you should fail your driving test, we will not approve re-payment for that Licence Type a second time.
- 9. This grant is for new licence applications only. We do not cover:
 - Replacement, reinstatement endorsement or exemption licences (lost, stolen, expired, renewals)
 - Mobility Cards
 - Exemptions
 - Alcohol interlock or zero alcohol licences

Hard copy application forms can be submitted via email to <u>info@pouakani.co.nz</u> or posted to us at: Pouakani Trust, c/o Education Grant, PO Box 615, Taupō 3330.

If you have any questions that are not answered here, please contact us at <u>info@pouakani.co.nz</u> and your patai will be put to the Board for consideration. The Board will not consider requests that go against any of the Terms and Conditions outlined above.

Pouakani Trust will treat all personal information with respect and will uphold all privacy obligations and responsibilities pursuant to the Privacy Act 2020. In signing this declaration you are confirming that the information provided is true and correct and that you have the authority to provide the information within the application form



ADVANCEMENT OF HEALTH & RELIEF OF POVERTY

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DEDCONAL	INFORMATION
PERSONAL	INFORMATION

Applicant					
Date of Birth / /					
Address					
Email Contact Number					
Licence Learners Restricted Full Other (please provide detail)					
Please provide either proof that you have passed your driving test, or proof of payment for the driving					
test.					
PLEASE NOTE: We will only approve applications for each driving test ONCE					
How will this grant benefit you?					

BANK ACCOUNT DETAILS					
Please use the bank account that has already been provided I am a first time applicant / I would like to update my bank account details held on file *proof of bank account must be provided					
Bank and Account Name Branch Bank Account Number please provide proof of this bank account					
info@pou	akani.co.nz Jakani.co.nz 15, Taupō 3330	date	signature		