

2024 - KAUMATUA GRANT

TERMS AND CONDITIONS

BENEFICIAL TO THE POUAKANI COMMUNITY

This grant is to acknowledge and support our Pouakani Kaumātua

APPLICATION DATES:

OPEN 1 September

CLOSES 31 October

AMOUNT:

To be determined by the Pouakani Trust Board once application period is closed. The applications will be considered against funds available. Payment will be made on/around 20th November.

CRITERIA:

1. You must be a registered member of Pouakani Trust
2. You must be aged 60+ at the time of application
3. 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
4. Pouakani Trust will only deposit grants to New Zealand bank accounts
5. Applications will be reviewed on a monthly basis. Payment will be made on/around 20th November.

Hard copy application forms can be submitted via email to info@pouakani.co.nz 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 info@pouakani.co.nz 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

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PERSONAL INFORMATION

Full Name of Applicant _____

Date of Birth _____ / _____ / _____

Address _____

Email _____

Contact Number _____

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 Branch _____

Account Name _____

Bank Account Number _____

please provide proof of this bank account

☎ 027-747-5676
🌐 www.pouakani.co.nz
info@pouakani.co.nz
📍 PO Box 615, Taupō 3330

**NGĀ MIHI
POUAKANI TRUST**

_____ date

_____ signature