PUKEROA ORUAWHATA CHARITABLE TRUST (REGISTERED AS A CHARITABLE ENTITY UNDER THE CHARITIES ACT 2005 – NO.CC 50896)

Application for a DISCRETIONARY GRANT

APPLICANT DETAILS:				
Name of Applicant/Contact person:	Surname (Ingoa)	First Name (Ingoa)		
Address of applicant:				
		Post Code:		
Home Phone:	Mobile:	E-mail:		
Is this application for an individual or a group/organization?		YES NO		
How much have you raised fron	n other sources or are able to contribu	te from your own resources?		
PUKEROA ORUAWHATA S	SHAREHOLDER or DESCENDAN	IT OF SHAREHOLDER DETAILS:		
Name of Shareholder:				
(the owner of the shares)	Surname (Ingoa)	First Name(s) (Ingoa)		
Share Register ID No:				
PUKEROA ORUAWHATA V	WHANAU TRUST SHAREHOLDE	R DETAILS:		
(If you are a beneficiary of	a Whanau Trust).			
Name of Whanau Trust: (only if shares are held in a Whanau Trust)				
Share Register ID No:				
Signed by Applicant:				
	(By signing this application form, you co	nfirm that you are a beneficiary of the Whanau Trust)		
Signed by Trustee of Whanau Trust:				
	Name of Trustee of Whanau Trust	Signature		
NON PUKEROA ORUAWHATA TRUST SHAREHOLDERS ONLY:				
Which koromatua do you wh Hurunga te Rangi		Six koromatua of Ngati Whakaue eotu / Te Roro o te Rangi / Tunohopu		
Whakapapa:				
	Great Grandfather (Koroua Tuarua)	Great Grandmother (Kuia Tuarua)		
	Grandfather (Koroua)	Grandmother (Kuia)		
	Father (Matua	Mother (Whaea)		

Name of organization:		
Postal Address:		
		Post Code:
Physical Address:		
		Post Code:
Minutes:	(attach a copy of the minute resolving that an application be made for the purpose stated, signed by the Chairman of the organization)	
PURPOSE AND FINANCIAL DE	ΓAILS:	
Amount requested:		Bank Account No: (attach verified bank deposit slip)
Purpose for which financial assistance	e is required:	1
Other supporting documentation:		(attach)
Financial Accounts/Budget:	(attach supporting documentation applicable to your application)	
Other organizations applied to for ass	istance:	
Will this activity, event, purpose be he	eld in New Zealand? YES	S NO
I DECLARE THAT THE ABOVE INFO	ORMATION IS TRUE AND CORREC	CT:
Signed by Applicant:		Dated:
Name of Chair of organization:		
Signed by Chair of organization:		Dated:
Grant Policy and Criteria: Grants will be considered on a considered within the considered within the considered with a considered on a considered with a considered on a considered with a considered on a	e month following authorization for p over \$10,000, are required to furnish acceptance and acknowledgement the s Incorporation.	ayment by the Trust. In a report to the Trust on the use of the fund that the information provided will be shared to this application:
-	that an application be made or prepared by Chartered Accoun tion – quotes, invoices etc	tant)