PUKEROA ORUAWHATA CHARITABLE TRUST

(REGISTERED AS A CHARITABLE ENTITY UNDER THE CHARITIES ACT 2005 – NO.CC 54811)

TANGIHANGA GRANT APPLICATION

DETAILS OF THE DECEASED: (the deceased must whakapapa to Ngāti Whakaue)

Name of Deceased:	_____ Surname	_____ First Name
Date of birth:		**Date of death:**

PUKEROA ORUAWHATA SHAREHOLDER or DESCENDANT OF SHAREHOLDER DETAILS: (of the deceased)	
Name of shareholder:	
Share Register ID No:	
Relationship of deceased to the shareholder:	
PUKEROA ORUAWHATA WHANAU TRUST SHAREHOLDER DETAILS: (if the deceased is a member of a Whanau Trust)	
Name of Whanau Trust:	
Share Register ID No:	
Signed by Trustee of Whanau Trust: *(2 trustees must sign)*	_____ Name of Trustee of Whanau Trust _____ Signature
	_____ Name of Trustee of Whanau Trust _____ Signature

NON PUKEROA ORUAWHATA TRUST SHAREHOLDERS ONLY:

PLEASE PROVIDE YOUR FULL WHAKAPAPA TO ONE OF THE 6 KOROMATUA OF NGĀTI WHAKAUE AS LISTED BELOW ON A SEPARATE PAGE:

Hurunga te Rangi / Pūkāki / Rangi I Waho / Taeotu / Te Roro o te Rangi / Tūnohopū

Evidence of death:	**(attach evidence – death certificate or family notice from Newspaper)**
Place/Town & Country that Tangihanga / Funeral held:	
Marae/home in which Tangihanga /Funeral held:	

PTO

APPLICANT DETAILS:		
Name of Applicant:	_____ Surname (Ingoa)	_____ First Name(s) (Ingoa)
Address:		
		Post Code:
Phone:	(Home/Mobile)	E-mail:
Relationship to deceased:		
Bank Account No:	For those applying under a Whanau Trust the grant will only be paid to the Whanau Trust Bank Account. All other applicants – personal bank account number required. The grant may be paid directly to the funeral service provider upon request. (attach verified bank deposit form)	
Personal Photo ID:	(attach photo ID, e.g. driver's license or passport)	

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:		
Signed by Applicant:		Dated:

IMPORTANT: Please read and complete CHECKLIST below

Tangihanga Grant Policy and Criteria:

1. A grant will be considered to assist with costs associated with this bereavement.
2. The **deceased** must be an owner, descendant of an owner or member of a Whanau Trust in the Pukeroa Oruawhata Trust and who also holds whakapapa to NW, **or** provide evidence of whakapapa to one of the 6 koromatua of Ngāti Whakaue.
3. An application must be made within 12 months from the date of death of the deceased.
4. Tangihanga costs must be incurred within NZ.
5. You will be advised of the outcome by letter or email.
6. Any increase/decrease in the grant limit will not be backdated.
7. Payments will be made 20th of the month following authorization for payment by the Trust.
8. There will be no urgent requests and no correspondence will be entered into.
9. In signing the application, the applicant acknowledges that information provided may be shared with Ngāti Whakaue Tribal Lands Incorporation.

Checklist ☑ - Remember – you MUST complete *and* attach to this application:

- ☐ Bank Deposit slip attached
- ☐ Copy of **Personal Photo ID** which includes your date of birth (e.g. driver's license or passport) attached
- ☐ Evidence of death attached
- ☐ Full Whakapapa provided on separate page.
- ☐ I have completed all sections applicable to the deceased

Please forward your application to:

Pukeroa Oruawhata Charitable Trust - PO Box 12031 · ROTORUA 3045 · Level 1 · Pukeroa Oruawhata House · 1176 Amohau Street ROTORUA Email: grants@pukeroa.co.nz www.pukeroa.co.nz