

TITIRΛUPENGΛ OWNERS GRANT 2024

TERMS AND CONDITIONS

Application Period

OPENS 1 February 2024 CLOSES 31 May 2024

Amount

Applications made on behalf of a Trust: \$150.00 NZD Applications made by an Individual Owner / Shareholder: \$100.00 NZD

by either bank transfer to Trust/Owners verified bank account, or via Prezzie Card.

Criteria

- You must be registered with Titiraupenga Trust
- Must be an Owner/shareholder OR if making an application on behalf of a trust, you must hold a formal role within that Trust
- Verified bank account details **must be provided** if receiving funds directly to your bank account
- Whanau Trust beneficiaries are **not eligible** for this grant.

Hard copy application forms can be submitted via email to: info@titiraupenga.co.nz or posted to us at: Titiraupenga Trust, c/o TTOG24, PO Box 615, TAUPŌ 3330

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

Titiraupenga 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

www.titiraupenga.co.nz info@titiraupenga.co.nz. PO Box 615, Taupō 3330

Applications OPEN 1 Feb 2024



Applications CLOSE 31 May 2024

ΤΙΤΙRΛUPENGΛ OWNERS GRANT 2024

Full Name :			
Address :			
Date of Birth :	/ /	Contact Number	
Email :			
OWNER SUC	CESSION DETAILS		
Name of the Owner who's shares you have succeeded to:		If you are applying on behalf of a Whanau Trust, in what capacity are you applying:	
		Trust	ee
I am applying as :	A Trust Representative	Chair	
	An Individual Owner	Secre	etary
		Treas	surer
	oplying on behalf of a Whanau Trust you n nent. Proof of bank account must show the TAILS	name of the applicant, or the name	
Bank & Branch:		Payment preference:	
lame on Account:		Bank Deposit	
		Prezzie Card	
Account Number:		FIEZZIE Calu	
Account Number: * Please provide proof	of account	Fiezzie Calu	
* Please provide proof NGĀ MIHI FO We will be in t receipt of you	of account R YOUR APPLICATION ouch with you confirming r postal application, and if rther information required	Applicants Signature	Date

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