

Riuwaka Grant – Application Form

Applicants must be over 18 years old and be a resident of New Zealand. You can apply for up to NZD \$75 per year, over a maximum of two applications.

Please send your completed form to info@nrait.co.nz or by post to NRAIT Office, PO Box 13, NELSON, 7040.

Are you applying for this Grant on behalf of someone else?

- No – this is my application.
- Yes – please provide your full name and relationship to the Grant Recipient in the space provided below.

Grant Recipient's Details

Membership Number	
First name(s)	
Surname	
Date of Birth	
Address	
Telephone	
Email address	

Hauora Grant Request – Details

Please provide details of the health service / treatment / product being funded e.g. doctors visit, personal training session etc

Total amount applied for (up to NZD\$75 per annum)

Please continue to the next page

Required Documentation

The below requested documentation is required for processing and auditing purposes. Please ensure you attach or supply ALL requested documentation listed below.

- Receipt(s) for health service/treatment/product
- Bank verified account details (e.g. bank issued deposit slip)
- Fully completed and signed application form

Privacy Act 2020

The information provided in this form is subject to the Privacy Act 2020 and will only be used by Ngāti Rārua Ātiawa Iwi Trust for the purposes of assessing and processing your grant application. All requested documentation is considered confidential to your application. Please ensure these documents are copied as they will not be returned.

I _____ (applicant's name) certify that the information provided in this form is true and correct. I have read and understand that:

- I am a registered member of the Ngāti Rārua Ātiawa Iwi Trust and currently reside in New Zealand.
- I must submit **ALL** requested documentation for processing and auditing purposes.
- My application information including personal details will be updated in the Ngāti Rārua Ātiawa Iwi Trust database.

Please complete the following: (cross out the non-applicable choice)

Do we have permission to add your name to the Ngāti Rārua Ātiawa Iwi Trust electronic distribution list? Your details will not be passed onto other third-parties (unless required to by law). **Yes / No**

Applicant's signature: _____ **Date:** _____

Office use only: Date received ___/___/___ Date approved ___/___/___ Date paid ___/___/___

Application in last 12 months: First / Second

If second, amount awarded in first application: \$ _____

Database updated Y/N