

Office use only Comments: _____ _____ _____ _____ Sh/holder ID# _____	Date received _____	Application No: _____
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KAPENGA M TRUST

2024 SECONDARY GRANTS (YEARS 9-13 / FORMS 3-7)

NAME OF APPLICANT (please print clearly in block letters)

CHECK LIST		
TO BE COMPLETED AND SIGNED BY APPLICANT		
<i>Please complete numbers 1-3. <u>Failure to complete your application correctly may result in your application being declined</u></i>		CHECKLIST Please tick <input checked="" type="checkbox"/>
1.	WHAKAPAPA I have completed <u>Question 3 (Whakapapa)</u> and this has been signed at 3.4 by the shareholder (or trustee of Whanau Trust)	<input type="checkbox"/> COMPLETED
2.	SCHOOL CONFIRMATION Question No. 4.iii has been completed by my Form Dean and the school stamp has been affixed.	<input type="checkbox"/> COMPLETED
3.	BANK ACCOUNT DETAILS I have attached a pre-printed deposit slip or bank verified account details	<input type="checkbox"/> ATTACHED

APPLICANT'S DECLARATION:

I declare that all information provided is true and accurate and I understand that my application may be declined if I fail to complete and attach all requested information.

Signed _____
(Applicant or guardian)

date ____/____/____

Return completed form and attachments to:

**The Secretary
Kapenga M Trust
C/- Deloitte
Pukeroa Oruawhata House 2/1176 Amohau Street
PO Box 12003, Rotorua
Ph: 07 343 1050 Fax: 07 343 1051**

CLOSING DATE: Tuesday 30 April 2024 at 4.30pm

Late applications may not be considered

1. Name

Last name:

	<i>Mr</i>	<i>Miss</i>
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First names:

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Date of Birth

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Age

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2. Postal Address

(i) Address for all communications:

(ii) Phone Number

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Mobile

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3. Whakapapa (ALL SECTIONS 3.1 to 3.4 MUST BE COMPLETED)

Please show clearly that you are a current shareholder or a descendant of a current shareholder of Kapenga M Trust.

SHAREHOLDER DETAILS

(IF THIS INFORMATION IS INACCURATE OR INCOMPLETE YOUR APPLICATION WILL BE DECLINED)

3.1 Name of Current Shareholder: _____

3.2 WHAT IS YOUR RELATIONSHIP TO THE SHAREHOLDER: (TICK ONE) ✓

I am the Shareholder

OR

The Shareholder is: my Parent

my Grandparent

my Great Grandparent

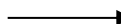
The Shareholder is a Whanau Trust

3.3 YOUR WHAKAPAPA: (Provide the side of your whakapapa which includes the shareholder)

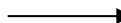
TUPUNA OF WHANAU TRUST
(IF APPLICABLE)



GREATGRANDPARENT:



GRANDPARENT:



PARENT:



APPLICANT:



3.4 I(name) declare that the above shareholder and whakapapa information is correct:

Signature of Shareholder or
Trustee of the Whanau Trust

4. i. Which Secondary school are you enrolled at for 2024?

ii. What form/year are you in?

Form: /Year:

iii. ***To be completed by your school***

Please confirm the applicant is enrolled and attending the above school.

School stamp

Signature of Form Dean

Date

NOTES TO APPLICANTS

1. Only shareholders, or their children, grandchildren, or great grandchildren (or beneficiaries under a Whanau Trust which is a shareholder) are eligible for an education grant.
2. Question 4 must be completed by the secondary school to confirm that the Applicant is enrolled and attending secondary school Years 9 to 13 (Form 3 to 7).
3. A bank deposit slip must be attached.

Pursuant to the PRIVACY ACT 2020 the following is brought to your attention:

- (a) This application collects personal information about you.
- (b) The information is collected to evaluate your application for an Education Grant.
- (c) The intended recipients of the information are the trustees of Kapenga M Trust.
- (d) The information is being collected and held by Deloitte (Rotorua), P O Box 12003, Rotorua.
- (e) You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.