

Office use only	Date received	Application No:
Comments:		
Sh/holder ID#		

# KAPENGA M TRUST

## 2025 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		CHECKLIST Please tick <input checked="" type="checkbox"/>
<i>Please complete numbers 1-3. Failure to complete your application correctly may result in your application being declined</i>		
<b>1. WHAKAPAPA</b>	I have completed <u>Question 3 (Whakapapa)</u> and this has been <b>signed at 3.4</b> by the shareholder (or trustee of Whanau Trust)	<input type="checkbox"/> COMPLETED
<b>2. SCHOOL CONFIRMATION</b>	Question No. 4.iii has been completed by my Form Dean and the school stamp has been affixed.	<input type="checkbox"/> COMPLETED
<b>3. BANK ACCOUNT DETAILS</b>	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  
nzrotoruaenquiries@deloitte.co.nz

**CLOSING DATE: Tuesday 30 April 2025 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 2025?

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- ii. What form/year are you in?

Form:	/Year:
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- iii. **To be completed by your school**

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

\_\_\_\_\_  
**Signature of Form Dean**

\_\_\_\_\_  
**Date**

<b>School stamp</b>
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## 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.