

TAUHARA NORTH No.2 TRUST



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Taupō 3330
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Phone: 07 376 7533
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CHANGE OF PERSONAL DETAILS FORM

From time to time Shareholders and Beneficial Owners will need to change their personal details with the Tauhara North No.2 Trust.

Tauhara North No.2 Trust requests that the attached form be used when changes are to be made.

This form covers:

- Name changes through deed poll
- Contact detail changes including address
- Bank Account detail changes
- Changes to spousal/partner status
- Changes to the Nominated Household Representative for the purposes of General Health Grants
- Changes to Household members under a Household Representative for the purposes of General Health Grants

Parent/Guardian must complete for applicants who are under 18 years of age

Completed Change of Details forms can be sent to:

Tauhara North No.2 Trust
PO Box 490
Taupō 3351

Or faxed to: 07 376 7539 or 0800 828 428

Or emailed to: info@tauharano2.co.nz

APPLICANT CHECKLIST

INFORMATION PROVIDED	YES (tick if provided)
Name and Profile Number	
If applicable:	
Name change verification	
Change of contact details	
Bank Verification form	
Name and Profile number of spouse/partner	
Household Representative Form for General Health Grant Applications	
Change in household details for General Health Grant Applications	
Declaration signed	

CHANGE OF PERSONAL DETAILS FORM

PLEASE COMPLETE THIS SECTION

SECTION 1: SHAREHOLDER / BENEFICIAL OWNER DETAILS

(Parent/Guardian must complete on behalf of under-18 year olds)

First Name: _____

Last Name: _____

Gender (Please circle): M/F

Date of Birth: ____/____/____ Profile Number: _____

If you are completing this form on behalf of an under-18 year old please complete the following:

Your name: _____

Your relationship to the applicant: _____

Your daytime contact phone number: _____

FROM THIS POINT ON PLEASE ONLY COMPLETE THE SECTION/S THAT APPLY TO YOU

SECTION 2: CHANGE OF NAME THROUGH MARRIAGE OR DEED POLL

***If you are a SHAREHOLDER wishing to change your name details please contact the Taupō Office and request a special form.**

New First Name: (if applicable) _____

New Middle Name: (if applicable) _____

New Last Name: (if applicable) _____

***To have a name change for yourself or your child officially recognised, you need to register it with Births, Deaths and Marriages. This is done by making a Statutory Declaration (an officially signed and witnessed statement) as per the Department of Internal Affairs process (www.dia.govt.nz/Services-Births-Deaths-and-Marriages-Changing-a-Name?OpenDocument). Once this process is complete you can obtain an official document establishing your new name. Tauhara North No.2 Trust requires a copy of this document for verification.**

SECTION 3: CHANGE OF CONTACT DETAILS (complete this section only if you are changing your address or other contact details)

New contact details:

Residential Address: _____

_____ Post Code: _____

Mailing Address if different to above: _____

_____ Post Code: _____

Email: _____

Daytime phone number: () _____

Alternative daytime phone number: () _____

Facsimile number: () _____

Date new contact details come into effect: _____

SECTION 4: CHANGE OF BANK ACCOUNT DETAILS (Complete this section if you are changing your bank account details)

Please tick which of your payments you wish to use the new account details for:

Dividends Payments

Grants Payments

Both of the above

Amount Payable to: _____

NZ Bank Name: _____ Branch Name: _____

Account Name: _____ Account Number: _____

Please provide a verified bank deposit slip, a copy of a bank statement, or internet banking print out, identifying the account for all grants to be paid into.

SECTION 5: CHANGE OF SPOUSAL/PARTNER STATUS (Complete this section if you wish to remove a spouse or partner status with TN2T).

Spouse or Partner removal as beneficial owner

Name of Spouse/Partner to remove: _____

Spouse Profile Number: _____ Date removal to take effect: ____/____/____

SECTION 6: CHANGE TO HOUSEHOLD REPRESENTATIVE FOR THE PURPOSES OF GENERAL HEALTH GRANT DISTRIBUTION

From time to time, households will change. In the event that the household-nominated Household Representative for the purposes of General Health Grant distributions changes, CCL needs to be informed.

Please outline below who the **current** Household Representative is for your household:

Name: _____

Profile Number: _____

Please outline who the **new** Household Representative will be for your household:

Name: _____

Profile Number: _____

If you are becoming the Household Representative for General Health Grants, please ALSO complete a "Household Representative Form for General Health Grant Applications" with your details and attach to this form. Forms can be obtained from www.tauharano2.co.nz/ccl/health/ or the Taupō office.

SECTION 7: CHANGES TO HOUSEHOLD MEMBERS WITHIN A HOUSEHOLD FOR THE PURPOSES OF THE GENERAL HEALTH GRANT

In the event that the household members currently listed within a household for the purposes of the General Health Grant distribution change, CCL needs to be informed. Please use this section to advise the details of any new members of the household to be added or currently listed members who are to be taken off the household list. The nominated Household Representative is required to confirm the changes below: (Please continue over page if more room is required)

NEW MEMBERS TO BE ADDED TO THE HOUSEHOLD

Name of new household member: _____

Profile number: _____ Date of birth: _____

Relationship to the Household Representative: _____

Consent is given for CCL to obtain medical details if required: Yes / No

Please sign to confirm consent: _____

Will the named household member be living at this address for more than 2 months: Yes / No

Name of new household member: _____

Profile number: _____ Date of birth: _____

Relationship to the Household Representative: _____

Consent is given for CCL to obtain medical details if required: Yes / No

Please sign to confirm consent: _____

Will the named household member be living at this address for more than 2 months: Yes / No

Name of new household member: _____

Profile number: _____ Date of birth: _____

Relationship to the Household Representative: _____

Consent is given for CCL to obtain medical details if required: Yes / No

Please sign to confirm consent: _____

Will the named household member be living at this address for more than 2 months: Yes / No

MEMBERS TO BE REMOVED FROM THE HOUSEHOLD

Name of household member to be removed: _____

Profile number: _____

Name of household member to be removed: _____

Profile number: _____

DECLARATION FROM NOMINATED HOUSEHOLD REPRESENTATIVE FOR ABOVE CHANGES TO HOUSEHOLD

Name of Household Representative : _____

Consent given for the above changes to be made to the household information YES / NO

Household Representative Signature _____

SECTION 8: DECLARATION

(Parent/Guardian must complete for applicants who are under 18 years of age)

I, _____

confirm that all the information supplied regarding my change in circumstances is accurate at the date of signing.

Stakeholder/Beneficial Owner Name: _____

Stakeholder/Beneficial Owner Signature: _____ Date: ____/____/____