



## HOUSEHOLD REPRESENTATIVE REGISTRATION FORM FOR GENERAL HEALTH GRANT APPLICATIONS

Please send the completed form to:  
Tauhara North No. 2 Trust  
PO Box 490  
Taupō 3351  
Or fax to: 07 376 7539 or 0800 828 428  
Or email to: [team.masterdata@tauharano2.co.nz](mailto:team.masterdata@tauharano2.co.nz)

Applications for the General Health Grants must be applied for by a nominated House-Hold Representative (HHR). The HHR will make the General Health Grant applications on behalf of all whanau who live in your home; and the grant will be paid into the bank account of the nominated HHR.

General Health Grant applications will only be processed once a Household Representative Registration Form has been received with supporting documentation, signed consents and declaration.

The Household Representative and all household members must be registered with Tauhara North No. 2 Trust.

Please call our free-phone 0800 828 427 if you require any assistance when completing this form.

### APPLICANT CHECKLIST

INFORMATION PROVIDED	tick if provided
Nominated Household Representative details complete	
Bank verification attached	
Household members details complete	
Consent to access receipt details from medical provider provided	
Signed Declaration	



**SECTION 1: NOMINATED HOUSEHOLD REPRESENTATIVE DETAILS - must be over the age of 18**

Please complete the following details;

First Name:

Surname:

Gender: Male / Female

Date of Birth:

Age:

Residential Address:

Post Code:

Mailing Address if different to above:

Post Code:

Email:

Daytime phone number:

Other phone:

**SECTION 2: NZ BANK DETAILS OF THE HOUSEHOLD REPRESENTATIVE**

Account Name:

Account Number:

**Please provide a verified NZ bank deposit slip, bank statement, ATM or online banking print-out if we do not have one on file. This must clearly show your name, bank name and account number.**

**SECTION 3: CONSENT TO ACCESS INFORMATION**

**Please note:** In some circumstances our Charitable Company Limited (CCL) staff may need to contact your health service providers to certify receipts. Please tick ✓ yes or no whether you consent to CCL staff contacting the service provider for this purpose:

YES

NO

*If we ever need to request medical information to clarify details of the General Health Grant application, we will seek consent from the household member this relates to first.*



**SECTION 4: HOUSEHOLD MEMBERS DETAILS (Each household member listed must be registered with the Trust in order to qualify for reimbursements)**

Name of household member:	_____
Relationship to the HHR:	_____ Date of birth: _____
Name of household member:	_____
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Name of household member:	_____
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Name of household member:	_____
Relationship to the HHR:	_____ Date of birth: _____

**SECTION 5: DECLARATION**

As the nominated Household Representative,  
I \_\_\_\_\_ hereby certify that all information given is true and correct to the best of my knowledge and understand that General Health Grant reimbursements will be paid into my NZ Bank Account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_