### CHARITABLE COMPANY LIMITED

(A subsidiary of Tauhara North No.2 Trust)



PO Box 490, Taupō 3351 1<sup>st</sup> Floor 93 Heuheu Street Taupō 3330 Email: info@tauharano2.co.nz www.tauharano2.co.nz

Phone: 07 376 7533 0800 828 427 Fax: 07 376 7539 0800 828 428

### TANGIHANGA GRANT

CCL offers Tangihanga Grants to the value of \$1,000 to all Beneficial Owners (including spouses). The term "Beneficial Owner" refers to both Shareholders (individuals or Whanau Trusts) who have been awarded shares in Tauhara North No.2 Trust by succession through the Maori Land Court; and registered beneficiaries of the Trust who have a link to a Shareholder. There are a number of ways this link may be shown. For more information please contact the Taupo Office or visit <a href="http://tauharano2.co.nz/the-trust/registry/">http://tauharano2.co.nz/the-trust/registry/</a>

More than one Tangihanga Grant application can be made each year, per whanau, but only one grant per person who has passed will be granted.

The following criteria must be met in order to apply for a Tangihanga Grant:

- Applicant must be 18 years and over
- A photocopy of the Death Certificate or Death Notice in the newspaper must be provided with the grant application.
- The Tangihanga must be held in New Zealand.
- Applicants must have a New Zealand Bank account (provision of a bank verified deposit slip required if CCL does not already have details.)
- Each grant application must be submitted within 12 months of the deceased persons' passing.

#### Completed applications can be sent to:

Charitable Company Limited

PO Box 490 Taupō 3351

**Or faxed to:** 07 376 7539 or 0800 828 428

Or emailed to: <a href="mailed-to:">info@tauharano2.co.nz</a>

INFORMATION PROVIDED	YES (tick if provided)
Applicant details complete	
Profile number provided	
Shareholder information	
Linkage to the Trust complete	
Copy of Death Certificate or Death Notice attached	
Bank account verification attached	

# Please call us on 0800 828 427 if you require any assistance when completing this form.

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## **TANGIHANGA GRANT APPLICATION FORM**

Section One: Details of the deceased (ALL APPLICANTS T	TO COMPLETE)
Details of the deceased person for whom the grant is for	<u>.</u>
First Name:	Surname:
Shareholder number (if relevant):	
Profile Number:	
Date of passing:	
Please provide photocopy of the Death Certificate or Death	h Notice with application
Section Two: Applicant Details (ALL APPLICANTS TO CO	MPLETE)
Please provide your details, as the applicant, for the Tang	gihanga grant:
What is your relationship to the deceased:	
Are you registered with Tauhara North No.2 Trust as a Ber	neficial Owner? YES / NO
If <b>no</b> , <b>you</b> are <b>not eligible to apply for a grant unless you s</b> following link to find out how to apply to register <a href="http://ta.0800.828.427">http://ta.0800.828.427</a> or email: <a href="mailto:info@tauharano2.co.nz">info@tauharano2.co.nz</a> to find out	auharano2.co.nz/the-trust/registry/. You may also call the Taupo office on
If <b>yes</b> , please provide your Profile Number:	and complete the following details:
First Name:	Surname:
Gender: M / F Date of Birth: / /	Age:
Residential Address:	
	Post Code:
Mailing Address if different to above:	
	Post Code:
Email:	
	Alternative daytime phone number: ()
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### Section Three: Applicant linkage to Tauhara North No.2 Trust (ALL APPLICANTS TO COMPLETE)

Please select your linkage type to Tauhara North No.2 Trust (ONLY ONE IS REQUIRED)

LINKAGE TO TN2T	TICK	NEXT STEPS
A Shareholder		Please go to Section Four
Shareholders are individuals or Whanau Trusts who have been awarded shares in		
Tauhara North No.2 Trust by succession through the Maori Land Court.		
A Beneficial Owner with links to a Shareholder		Pease go to Section Five
A member of a Whanau Trust		Please go to Section Six

If you are unsure, or if you are linked to TN2T in more than one way, please contact CCL on 0800 828 427 or email: <a href="mailto:info@tauharano2.co.nz">info@tauharano2.co.nz</a> to confirm.

Section Four: Only complete if you are a SHAREHOLDER:			
Please provide your Shareholder Number:			
Please now go to Section Eight.			
Section Five: Only complete if you are a BENEFICIAL OWNER WITH LINKS TO A SHAREHOLDER			
Name of Shareholder you (as the applicant) are linked to:			
Their Shareholder Number:			
Places coloct your linkage type to the Chareholder from the following list (ONLY ONE IC DECLUBED)			

Please select your linkage type to the Shareholder from the following list (ONLY ONE IS REQUIRED)

LINKAGE TO BENEFICIAL OWNER	TICK	NEXT STEPS	
Biological parent is the Shareholder		Please go to Section Eight	
Through bloodlink/whakapapa to a Shareholder (when the		In Section Seven, please complete your whakapapa	
Shareholder is not a your parent)			
The spouse or partner of the Shareholder		Please go to Section Eight	
The spouse or partner of a Beneficial Owner with links to		In Section Seven, please complete the whakapapa of	
the Shareholder		your partner/spouse (Beneficial Owner) who is linked	
		to the Shareholder	
Whangai as per Tikanga Maori of the Shareholder		Please go to Section Eight	
Whangai as per Tikanga Maori of a Beneficial Owner with		In Section Seven, please complete the whakapapa of	
links to the Shareholder.		your Whangai parent (Beneficial Owner) who is linked	
		to the Shareholder	
Whangai child of the Shareholder under Section 115 of Te		Please go to Section Eight	
Ture Whenua Maori Act 1993 Maori Land Act 1993			
Whangai child of a Beneficial Owner with links to the		In Section Seven, please complete the whakapapa of	
Shareholder under Section 115 of Te Ture Whenua Maori		your Whangai parent (Beneficial Owner) who is linked	
Act 1993 Maori Land Act 1993		to the Shareholder	
A legally adopted child of the Shareholder		Please go to Section Eight	
A legally adopted child of a Beneficial Owner with links to		In Section Seven, please complete the whakapapa of	
the Shareholder		your adoptive parent (Beneficial Owner) who is linked	
		to the Shareholder	
The stepchild or grand stepchild of the Shareholder		Please go to Section Eight	
The stepchild or grand stepchild of a Beneficial Owner with		In Section Seven, please complete the whakapapa of	
links to the Shareholder		your step parent or step grandparent (Beneficial	
		Owner) who is linked to the Shareholder	

Section S	ix: Only complete if yo	u are a BENEFICIAL OWNER WI	HO IS A I	MEMBER OF A WHANAU TR	RUST
		e applicant) are linked to:			
		au Trust:			
Please sel	ect your linkage type to	the Whanau Trust from the fol	lowing li	ist (ONLY ONE IS REQUIRED)	
	AGE TO BENEFICIAL OW		TICK	NEXT STEPS	
	ugh bloodlink/whakapa er within a Whanau Trus	pa with links to a Beneficial t		In Section Seven, please co	omplete your whakapapa
	The spouse or partner of a Beneficial Owner with links to a Beneficial Owner within a Whanau Trust			In Section Seven, please complete the whakapapa of your partner/spouse (Beneficial Owner) who is linked to the Whanau Trust	
	Whangai as per Tikanga Maori of a Beneficial Owner with links to a Beneficial Owner within a Whanau Trust			In Section Seven, please complete the whakapapa of your Whangai parent (Beneficial Owner) who has the link to the Whanau Trust	
Wha	=	cial Owner with links to a on 115 of Te Ture Whenua act 1993		In Section Seven, please complete the whakapapa of your Whangai parent (Beneficial Owner) who has the link to the Whanau Trust	
a Ber	neficial Owner within a V	the Whanau Trust		neficial Owner) who is linked to	
		ochild of a Beneficial Owner ner within a Whanau Trust			
Section S	even: Whakapapa deta	ils			
Name of t	he Beneficial Owner wit	h link to Shareholder/Whanau	Trust:		
The Profil	e Number of the Benefic	cial Owner you are linked to:			
Please pro	ovide the Whakapapa fo	r the Beneficial Owner you nam	ed abov	e:	
If linked t	o a Whanau Trust, pleas	se provide the whakapapa bac	k to the	original Shareholder who c	reated the Whanau Trust.
Name of linkages	f their <b>parent</b> with :	Name of their <b>Grandparent</b> with linkages:	1 1 1	me of their <b>Great</b> - andparent with linkages:	Name of their <b>Great-Great Grandparent</b> with linkages:
Profile N	lumber (if known):	Profile Number (if known):	Pro	ofile Number (if known):	Profile Number (if known):
	_	through the generations until the 28 4272 (press 1) if you want to kr	_		<b>_</b>

Section Eight: Payment details (ALL APPLICANTS TO COMPLETE)
*Payment details (of applicant):
Amount Payable to: Bank Name:
Account Name: Account Number:
*Please provide either bank verified account number, deposit slip, or online banking print out if CCL does not have your bank account details on file.
Section Nine: Declaration (ALL APPLICANTS TO COMPLETE)
<u>Declaration:</u> I hereby certify that the information in this application is true and correct to the best of my knowledge.
Grant applicants full name (please print)
Grant applicants signature:Date: