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

HAUMINGI 1A2 INCORPORATION

2013 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	
	se complete numbers 1-3. <u>Failure to complete your application correctly may</u> It in your application being declined	CHECKLIST Please tick ☑
1.	WHAKAPAPA I have completed Question 3 (Whakapapa) and this has been signed at 3.4 by the shareholder (or trustee of Whanau Trust)	COMPLETED
2.	SCHOOL CONFIRMATION	
	Question No. 4.iii has been completed by my Form Dean and the school stamp has been affixed.	COMPLETED
3.	BANK ACCOUNT DETAILS I have attached a pre-printed deposit slip or bank verified account details	ATTACHED
I dec	LICANT'S DECLARATION: clare that all information provided is true and accurate and I unders cation may be declined if I fail to complete and attach all requested inform	•
Signe	ed date//	_

Return completed form and attachments to: The Secretary

Haumingi 1A2 Incorporation **Hulton Patchell Limited**

PO Box 12003 **ROTORUA**

Fax 343 1051 Ph: 343 1050

CLOSING DATE: 4.30pm TUESDAY 30TH APRIL 2013

Late applications may not be considered

	Last name:		
		Mr	Miss
	First names:		
	Date of Birth Age		
2.	Postal Address		
	(i) Address for all communications:		
	(ii) Phone Number Mobile		
3.	Whakapapa (ALL SECTIONS 3.1 to 3.4 MUST BE COMPLET	ED)	
Pleas	se show clearly that you are a current shareholder <u>or</u> a descendant eholder of Haumingi 1A2 Incorporation.		current
	EHOLDER DETAILS SINFORMATION IS INACCURATE OR INCOMPLETE YOUR APPLICATION WILL B	E DEC	CLINED)
<u>3.1</u>	Name of Current Shareholder:		
<u>3.2</u>	Shareholder Code Number:		

1. Name

2

The Shareholder Code Number may be obtained from the Secretary's office.

<u>3.3</u>	WHAT IS YOUR RELATIONS	SHIP TO THE SHAREHOLDER: (TICK ONE) $\sqrt{}$
	I am the Shareholder <i>OR</i>	
	The Shareholder is:	my Parent
		my Grandparent
		my Great Grandparent
	The Shareholder is a \	Whanau Trust
<u>3.4</u>	YOUR WHAKAPAPA: (Prov shareholder)	ide the side of your whakapapa which includes the
TUPU	INA OF WHANAU TRUST (IF APPLICABLE)	
	GREATGRANDPARENT:	
	GRANDPARENT:	
	PARENT:	
	APPLICANT:	
<u>3.4</u>	Ithe above shareholder ar	(name) declare that nd whakapapa information is correct:
	<u>Signature</u> of Shareholder Trustee of the Whanau T	

ii.	What form/year are you in?	Form:	/Year:	
iii.	To be completed by your	school		
lease	e confirm the applicant is enrolled	and		
		ariu		
	ing the above school.			

NOTES TO APPLICANTS

- 1. Only shareholders of Haumingi 1A2 incorporation, 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 1993 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 Haumingi 1A2 Incorporation.
- (d) The information is being collected and held by Hulton Patchell Limited, 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 1993.