

Te Kete Hāpai Kaumātua Grant Form

Once complete please submit your form by email to teketehapai@ngatitooa.iw.nz

PERSONAL DETAILS	
FULL NAME	
DATE OF BIRTH	
ADDRESS	
CONTACT NUMBER	
EMAIL	
IWI REGISTRATION NUMBER	

BANK ACCOUNT DETAILS	
NAME OF ACCOUNT	
ACCOUNT NUMBER	

I confirm that the bank account details provided above are true and correct.

REQUIRED INFORMATION

- Iwi Registration member.
- Quote from either your Dentist, audiologist or optometrist
- A bank slip for proof of account

Please note the \$200 Kaumātua grant is to provide support for **one** of the categories below.

GRANT CATEGORIES		
CATEGORY	DESCRIPTION	COST
VISION CARE		
HEARING CARE		
DENTAL CARE		

(Please note grant will be paid directly to your bank account and no other way)

COMMUNICATIONS TEAM ONLY

BA CODE _____