



Application for Tangihanga Grant

PURPOSE OF GRANT

- To assist whānau with expenses for tangihanga
- Assistance is available to registered beneficiaries.

APPLICANT

Surname:

First Names:

Date of Birth: Female Male

Age:

Home Address:

.....
.....

Postal Address:
(If different from above)

.....
.....

Phone Cell Phone.....

Email Address.....

BENEFICIARY VALIDATION

Applicant must be a registered beneficiary Registration No:

A copy of the Death Certificate must be attached to the application. Date of Death:

Please complete **whakapapa** below.

Deceased

Payment of Grant

Amount payable to:..... **Bank Name:** -----

Branch Name:.....**A/C No:**.....

Signature of Applicant..... **Date**.....