

## APPLICATION FOR TANGIHANGA GRANT

**ELIGIBILITY:** The deceased for whom a Tangihanga grant is sought must be a beneficiary in the Trust.

Please complete the following form. If you have any questions call our office on 07 348 3599

### *Full details of Deceased*

Surname

First Name

Date of Birth  Age

Date of Death

Sex

Home Address of Deceased

### *Family Representative*

Name

Address

Telephone

Tangi Marae

Name of owner as per list

List No.

To whom should the cheque be made payable

Address to which the cheque should be sent

### **DECLARATION**

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_ Dated \_\_\_\_\_

Relation to Deceased

Address of Applicant

Before submitting your application please check that you have:

- Completed all relevant sections of this application form.
- A completed Whakapapa form to show relationship to the Deceased

# WHAKAPAPA

If you are a descendant of an original owner (tupuna) in Te Tiki Te Kohu Ruamano Trust, enter the name of your tupuna in the box then fill in the rest of the boxes (as applicable) down to you.

- |                               |                          |
|-------------------------------|--------------------------|
| 1. Hohepa Pimara              | 12. Te Ropuhina          |
| 2. Kanapu Puta                | 13. Te Ahu Moko          |
| 3. Te Kirihuruhuru Kakea      | 14. Tame Pipi            |
| 4. Makereta Pahemata Ihimaera | 15. Taraipine Te Warihi  |
| 5. Miriama Te Ropuhina        | 16. Te Teira Tunohopu    |
| 6. Te Naera Houkotuku         | 17. Tiakiawa Tiniraupeka |
| 7. Te Pimara Parakau          | 18. Tomairangi Whakaahua |
| 8. Pipi Haerehuka             | 19. Tuihana Whakaahua    |
| 9. Pirika Hohepa              | 20. Tutanekai Taua       |
| 10. Rakitu Haerehuka          | 21. Te Warihi Makitaunu  |
| 11. Te Riri Haerehuka         | 22. Wiri Rapata Hira     |

State name of tupuna:	
Great Grand Parent:	
Grand Parent:	
Parent:	
Applicant:	

**Endorsed by Kaumatua, Kuia or Trustee:**

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

*Your whakapapa must be complete and clear. It is important that the person who verifies your whakapapa also provide their contact details in the event that the Board needs to contact him/her to clarify your whakapapa.*