

Application for Sports Grant

The Tuaropaki Trust recognises and supports the sporting achievements of our owners (and their descendants) by providing a Sports Grant to eligible applicants.

To be eligible you must:

- Whakapapa directly to at least one living Tuaropaki E owner
- Be selected as a National Representative and/or National Māori Representative with a nationally registered sports body, and,
- Participate in an International Tournament

Contact detc Phone: Website:	(07) 376-2	2500 Iropaki.com	Email: Post:	ownerservices@tuaropaki.com PO Box 441, Taupo 351
		(Plea	use print clearly)	
Applicant Det	ails:			
Your Name:				
Other names y	you are kn	own by:		
Your Address:				
				Postcode:
Gender:		M / F	Your Date of Birth	1:
Your Contact	Phone Nui	mber:		Mobile:
Your email ad	dress:			
Your Sport:				
Sporting Orga	nisation:			

Please provide a letter from the sporting organisation confirming your selection as a National representative and your attendance at the international tournament.

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Owner Details:

Shareholder (SHN) No:	
Current Owner Name:	
Current Owner Address:	
Owner Phone No:	Mobile:
Owner Email Address:	
Owner relationship to Stu	Jdent:

Whakapapa Details:

	WHAKAPAPA OF APF	LICANT (in relation to) Tuaropaki):									
(Name of Applicant)												
(Fathe	er)	(Mother)										
(Grandfather)	(Grandmother)	(Grandfather)	(Grandmother)									
(Great G	randparents)	(Great G	randparents)									

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Bank account details:

Your NZ bank										
account:	Bank	Branch	Acco	ount l	No.			Suffi	х	

Account Name:

Note: Please provide a copy of your pre-printed deposit slip, bank statement or bank printout to verify your account name and number

If you have an overseas account please complete the following details:

International Bank Account Number:

Account name:	
Name of Bank:	
Branch:	
Address:	
Country:	

SWIFT Code:																													
Australia:																													
OR						BSE	B N	0.							A	٩cc	our	nt I	No.										
Other Country:																										T		Ι	Τ
Offici Cooffiry.	ISO & Bank check				ank			Bank Code & Aco							count No.														

Note: Please provide a copy of your pre-printed deposit slip, bank statement or bank printout to verify your account name and number

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Applicant Declaration

On accepting a Tuaropaki Grant, successful applicants give permission for the Tuaropaki Trust to use their name, image and extracts from their application for publicity purposes.

I confirm all information provided in this form is true and correct. I authorise Tuaropaki Trust to pay any approved Grant to the bank account number provided.

Full name:	
Signature:	
Date:	

Check list:

Confirmation of selection to NZ Team (please note National Representatives are not limited to New Zealar	nd representative teams)
Copy of International Tournament Itinerary	
Verified bank account number	For Trust use only: Appln approved:
Birth Certificate	Details entered:
Photo ID (Drivers Licence, Passport, Firearms Licence, 18+ Card)	Date entered:
Application signed by applicant and endorsed by owner	

All information must be provided in order to be considered for a Sports Grant.

Please return completed form and required documents, to:

Tuaropaki Trust			
PO Box 441			
Таиро 3351	Phone: (07) 376-2500	Fax: (07) 376-2501	Email: ownerservices@tuaropaki.com

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