



KAUMATUA HEALTH ASSISTANCE Grant Application form

LAKE ROTOAIRA FOREST TRUST

PLEASE PRINT

FULL NAME: _____

Shareholder Number: _____

Date of Birth: _____

Please attach proof of date of birth / Proof of date of birth held in this office

Postal Address: _____

Contact Phone Number: _____

Bank Account Number: _____

Bank Account Name: _____

RECEIPTED BILLS ATTACHED:

<i>What the bill is for</i>	<i>Amount \$</i>

SIGNED: _____

DATE: _____

CHECKLIST	TICK
<i>All parts of application form are completed</i>	
<i>You have read the Information about the grant to check your eligibility</i>	
<i>Attach proof of date of birth</i>	
<i>Attach receipted bills</i>	
<i>Attach bank deposit slip if you are changing your bank account for all distribution/grants payments</i>	

**Please send to Lake Rotoaira Forest Trust, PO Box 155, Turangi
Enquiries 'phone 07 386 8834 Ext. 106 or 120**