



## DRIVER LICENCE SUBSIDY APPLICATION

Applicant Details												
Name												
Address												
Email												
Contact Number												
Date of Birth												
Lake Taupō Forest Trust Shareholder Details												
Are you a shareholder? (tick)	Yes					No						
Shareholder Name (Owner that you descend from)												
Shareholder Number (Owner that you descend from)												
Whakapapa to Lake Taupō Forest Trust Shareholder												
2 <sup>nd</sup> Generation (Mother/Father)												
3 <sup>rd</sup> Generation (Grandmother/Grandfather)												
4 <sup>th</sup> Generation (Great Grandparents)												
Waka Kotahi New Zealand Transport Authority – Pass Result Notice												
Reimbursement for (tick)	Restricted						Full					
H/T Class (tick)	1		2		3		4		5		6	
Please provide a copy of the paid receipt. Receipt submitted must be no longer than 12 months from the day the applicant passes their test.												
Bank Account Details												
Account Name												
Account Number												
Please attach verified bank account details.												
Signature												
By signing below, you are confirming that:												
1. The information contained in this application is true and correct.												
2. The Trust may collect information about this applicant from any third parties in respect of this application.												
Applicant's Signature												
Date												