



The Proprietors of
Ngāti Whakaue Tribal Lands



**BANK DEPOSIT AUTHORITY
& CONFIRMATION OF IDENTITY**

FULL NAME:	_____
<i>Other Names You are Known By:</i>	_____ _____
FULL ADDRESS:	_____ _____ _____
EMAIL:	_____
MOBILE:	_____
HOME:	_____
DATE OF BIRTH:	____/____/____
	MALE <input type="checkbox"/>
	FEMALE <input type="checkbox"/>
I.R.D. NUMBER:	____-____-____
IDENTIFICATION:	_____

**Please send a copy of your I.D. with
this form. Must be Driver Licence or
Passport.**

I RECEIVED MY SHARES FROM:	_____
MY SIBLINGS ARE:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Please attach a pre-printed bank deposit slip OR fill in the details below and have your Bank verify the section below:

"I hereby authorise Glenn Hawkins & Associates Limited to deposit any monies owing to me from **Ngati Whakaue Tribal Lands Inc.** into my bank account listed below:

Bank Account Name:

.....

Held at: Bank

at: Branch

Bank Branch Account Number Suffix

Signature: Date:

FOR BANK USE ONLY:
Please verify that the above bank
account is correct by placing
BANK STAMP HERE:

FOR OFFICE USE ONLY:

Approved: _____

Date: _____