



The Proprietors of  
**Ngāti Whakaue Tribal Lands**



## TANGIHANGA GRANT APPLICATION

### DETAILS OF THE DECEASED:

Name of Deceased:	_____	_____
	Surname	First Name
Date of birth:		<b>Date of death:</b>

### NGĀTI WHAKAUE TRIBAL LANDS SHAREHOLDER DETAILS:

(of the deceased)

Name of shareholder:	
Share Register ID No:	
Relationship of deceased to the shareholder:	

### NGĀTI WHAKAUE TRIBAL LANDS SHAREHOLDER DETAILS:

(if the deceased is a member of a Whanau Trust)

Name of Whanau Trust:	
Share Register ID No:	
Signed by Trustee of Whanau Trust:	_____
	Name of Trustee of Whanau Trust          Signature
Signed by Trustee of Whanau Trust:	_____
	Name of Trustee of Whanau Trust          Signature

### Evidence of death:

(attach evidence – death certificate or family notice from Newspaper)

Place/Town & Country that Tangihanga / Funeral held:

Marae/home in which Tangihanga /Funeral held:

APPLICANT DETAILS:		
Name of Applicant:	Surname (Ingoa)	First Name(s) (Ingoa)
Address:		
		Post Code:
Phone:	(Home/Mobile)	E-mail:
Relationship to deceased:		
Bank Account No: (to which grant is to be paid)	(attach verified bank deposit form)	
Personal Photo ID:	(attach photo ID. e.g. driver's license or passport)	

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:		
Signed by Applicant:		Dated:

**IMPORTANT: Please read and complete CHECKLIST below**

**Tangihanga Grant Policy and Criteria:**

1. A grant will be considered to assist with costs associated with this bereavement.
2. The **deceased** must be an owner, descendant of an owner or member of a whanau Trust in Ngāti Whakaue Tribal Lands Incorporation.
3. An application must be made within 12 months from the date of death of the deceased.
4. Tangihanga costs must be incurred within NZ.
5. You will be advised of the outcome by letter or email.
6. Any increase/decrease in the grant limit will not be backdated.
7. Payments will be made 20<sup>th</sup> of the month following authorization for payment by the Incorporation.
8. There will be no urgent requests and no correspondence will be entered into.
9. In signing the application, the applicant acknowledges that information provided may be shared with Pukeroa Oruawhata Trust.

**Checklist  - Remember – you MUST complete *and* attach to this application:**

- Bank Deposit slip attached
- Copy of **Personal Photo ID** which includes your date of birth (e.g. driver's license or passport) attached
- Evidence of death attached
- Full Whakapapa provided on separate page.
- I have completed all sections applicable to the deceased

**Please forward your application to:**

Ngati Whakaue Tribal Lands - PO Box 12015 · ROTORUA 3045 · Level 1 · Pukeroa Oruawhata House · 1176 Amohau Street  
 ROTORUA Email: [admin@ngatiwhakaue.iwi.nz](mailto:admin@ngatiwhakaue.iwi.nz)  
 March 2023