

Personal Details	
Full Name	
Date of Birth	
Postal Address	
Contact Details	

Bank Account Details	
Name on Account	
Account Number	

- *Please ensure proof of bank account has been supplied.*

Grant Categories (please ensure invoices have been supplied)			
Description	Name of Provider	Amount/Quote	Paid To
Eye and Hearing Test			
Glasses			
Dental and Denture Work			
Hearing Aids			
Specialist Visits (this excludes visits to your GP)			

- *In the "Paid To" section please indicate whether it is paid to the provider or a reimbursement to yourself. Please note reimbursements are only applicable for 2020.*
- *If it is a reimbursement please ensure proof of payment and bank account has been supplied.*

Memberships Available:

(Please tick the membership/s you would like to join)

AA Plus

ST John's Ambulance Service

Mobility Parking Permit

- *If you already have paid for your membership this year please indicate as a reimbursement next to it.*

Checklist:

- All sections of the form have been completed.
- If a Reimbursement is required proof of bank account and payment has been supplied.
- Photo ID has been supplied.

The Trust will grant up to \$500.00 to Kaumatua for medical and memberships.

Declaration

I certify that all information supplied in this application is true and correct.

Signature: _____

Date: _____

If you have any questions regarding the application form please don't hesitate to contact me. I would be more than happy to help in completing the application form.

Send your application to;

The Administrator or Email your application and attachments to;
Kaumatua Grants
P O Box 439
Te Kuiti 3941

Contact us on;
Phone: 0800 525 626
Email: admin@ruht.co.nz

**Please note that incomplete and late applications will not be accepted.
Closing date is Friday, 11th December 2020**

Office Use Only

Accepted/Declined: _____

Grant Amount: _____