Kāti Huirapa Rūnaka ki Puketeraki

HE KOROWAI MANAAKI
COVID-19 WHĀNAU SUPPORT
APPLICATION FORM

Date: _____

Name: _____

Phone No/s. _____

Address: _____

_____

E-mail: _____

Bank Account details: _____

The people in your household (including children): _____

_____

Outline of your situation ***(Please attach to this form any supporting documentation and/or contact details of previous employer etc for verification purposes)***

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OFFICE USE ONLY

Date form received: _____

Registered Member: _____

Supporting documentation attached: _____

He Korowai Whānau Komiti approval: _____