



HE KOROWAI MANAAKI APPLICATION FORM

Date: _____

Name: _____

Phone No/s. _____

Address: _____

Bank Account details - Please provide either a deposit slip or bank confirmation with this application.

Category of assistance that you are applying under:

Education

Health

Need

Kaumatua Need

Reason/s supporting the application (*Please also attach to this form any supporting documentation*)

OFFICE USE ONLY	
Date form received:	_____
Registered Member:	_____
Supporting documentation attached:	_____
He Korowai Whānau Komiti approval:	_____