Te Manawa o
Tūhoe Trust
126 The Strand
Suite 6 Park Lane
PO Box 625
Whakatane 3158

P: 07 307 1081
E: admin@tmot.co.nz
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Beneficial Owners' Registration Form

WHANAU TRUST SHID

We hereby agree as the Trustees of the : _____

That correspondence in relation to Te Manawa o Tuhoe Trust be forwarded to:

Name: _____

Address: _____

_____ **Post Code:** _____

Trusts' IRD No. ___ ___ ___ - ___ ___ ___ - ___ ___ ___ **MLC No.** _____

Email: _____ **Phone:** _____

Our nominated delegate to act on behalf of our Trust is:

_____

Signed by the Trustees

Name	Signature
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____

Our Trusts' Bank Account Number:

		-					-								-	0		

(NOTE: Please attach an original, signed bank account authority from your bank)

NOTES TO THIS FORM

The following documents or information must be included or provided with this application form:

- ☐ **Photo identification for Trusts' nominated delegate:** eg, Driver's Licence or Passport, etc verified by a Justice of the Peace, Court Registrar or Te Manawa o Tuhoe Trust staff member.
- ☐ **Verified bank details** for our Trust.
- ☐ **MLC Vesting Order** including Trustees names and those vesting their land interests.

Date: ____ / ____ / _____

If you require any assistance to complete this form, please contact Te Manawa o Tūhoe Trust

MLC = Maori Land Court; TMOT = Te Manawa o Tuhoe

Updated March 2019