



Poripori Farm A Trust



HEALTH GRANT APPLICATION FORM

Glasses, Hearing Aids, Dentures and Dental Health Care

The Poripori Farm A Trust Glasses, Hearing Aids and Dentures/Dental Health Care Grants are available only to beneficial owners as per the latest list of owners from the Māori Land Court. Applicants must be **60 years or older**.

The Trustees will authorise payments of no more than \$500.00 for hearing aids and dentures, and no more than \$300.00 for glasses. The application must have a quotation, invoice or receipt attached. Payment will be made to your provider unless a receipt is attached.

Please provide identification that clearly shows your date of birth (i.e. Drivers Licence, Birth Certificate, Passport) and bank confirmation of your bank account details.

Applicants can apply for only one Health Grant each financial year. *(If you require a hearing aid, and you have a Super Gold card there may be other subsidies available. Please discuss this with your hearing aid provider).*

Contact Details:

Surname: _____

First Name (s): _____

Date of Birth: _____

Postal Address: _____

City: _____ Postcode: _____

Phone: _____ Mobile: _____

Bank Account Details:

Account Name: _____ Bank/Branch: _____

Bank Account No: _____

Signature: _____ **Date:** _____

Application updated as per the shareholders agreement at the AGM held 30th November 2018.