

OFFICE OF TREATY SETTLEMENTS

Te Tari Whakatau Take e pā ana ki te Tiriti o Waitangi

The Vogel Centre • Aitken Street • SX10111 Wellington
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SUB-GROUP CLAIMANT FUNDING APPLICATION FORM

This form is designed to collect the information needed to assess your request for subgroup claimant funding. Please complete the questions and return the form to your negotiation team as soon as possible.

	representative body, or member voices to OTS, answering questi	
Name:		
Designation:		
Phone:		
Email:		
ORGANISATION CONTAC	T DETAILS (if applicable)	
Name of organisation:		
Postal address:		
Physical address:		
Registered address:		
(if different to above)		
Phone number:		
Fax number:		
Email:		
TYPE OF ORGANISATION	I AND STATUS (if applicable)	
Type of organisation: (Please tick only one)	Whānau	Taura Here
	Нарū	Pan Māori
	lwi	Service Provider
	Rūnanga	Other

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ciety	Whānau Trust
	Whenua Toopu Trust
Company	Other

Please outline how this funding will solve issues and advance the progression of the Treaty
settlement negotiation:
Please outline the actions that have been undertaken to ensure that the mandated
representatives of the relevant Large Natural Grouping(s) have been consulted about the
need for this funding:

OTHER FUNDING
Please outline if you have received funding from the Crown Forestry Rental Trust for legal or specialist advice, and how much was received:
Please outline if you have received funding from the Legal Services Agency to assist with legal or specialist costs, and how much was received:
GENERAL
How did you find out about this funding, e.g. OTS website, word of mouth