



NGATI WHATUA O ORAKEI
MAORI TRUST BOARD

Kaumatua Prescriptions Refund Form

1. Personal Details

**Indicates a mandatory field. If you do not complete the mandatory fields it could affect your refund. Please also complete the other sections if you can, which will help to improve our service to you.*

Surname* First Name*

Preferred name

Date of Birth* Male / Female (please circle)*

Home Address*

.....

Home Phone Number (0....) Work (0....)

Mobile Email

Are you a registered beneficiary of the Ngati Whatua o Orakei Maori Trust Board? YES / NO (please circle)

2. Bank Account Details

Have you previously provided an original pre-printed bank deposit slip? YES / NO (please circle)

If you answered NO, please provide an original pre-printed deposit slip with this form.

NOTE: If your bank account details change you will need to provide an updated original pre-printed deposit slip with this form. Kaumatua are obliged to maintain accurate bank account details with the Trust Board to ensure that they receive refunds into their bank account.

3. Prescriptions and Amount Claimed

Amount claimed \$

Have you included a prescription receipt(s) for the amount claimed? YES / NO (please circle)

NOTE: The Trust Board will only provide a refund where prescription receipts are provided that correspond with the amount being claimed.

4. Declaration

I

(please print) declare that the information I have provided in this form is true and correct.

Signed Date

ALL COMPLETED FORMS SHOULD BE SENT TO:

Free Post: Ngati Whatua o Orakei
Prescriptions Programme
Ngati Whatua o Orakei Corporate Ltd
PO Box 42045
Orakei
Auckland 1745

Note: This is a free post address, so there is no need to attach a stamp to an envelope provided the correct address (including "Free Post: Ngati Whatua o Orakei") is printed on the front of the envelope.