

ITAUKEI LAND TRUST BOARD

To Excel in Land Services and the Economic Empowerment of our Landowners

Taukei Land Trust Board 5i Form

Minors' Early Withdrawal Application Form

SECTION A: WITHDRAWAL TYPE			
Please indicate with a TICK(-/) the type of Assistance you seek to request:			
EDUCATION Primary Secondary Tertiary	MEDICAL Please provide Medical Report and confirmation of Medical Expenses	Natural Disaster Please provide supporting letter from employer/ Provincial Office and evidence	RECENT CERTIFIED MINOR PASSPORT SIZE PHOTO
SECTION B - CHECKLIST			
EDUCATION Confirmation letter from School Birth Certificate for Minor Parent's Bank Statement	SECONDARY Confirmation letter from School Birth Certificate for Minor Parent's Bank Statement	TERTIARY Invoice from Institution Enrolment Letter	
SECTION C - PERSONNEL INFORMATION			
Name (Minor): Tokatoka: Village: District: Province: District: Province: Name (Parents/Guardian): Tokatoka: Village: District: Province: Province: Name (Parents/Guardian): Tokatoka: District: Province: Province: Name (Parents/Guardian): Tokatoka: Tokatoka: Village: Province: Province: Name (Parents/Guardian): Tokatoka: Tokatoka: Tokatoka: Tokatoka: Tokatoka: Province: Province: Name (Parents/Guardian): Tokatoka: Name (Parents/Guardian): Name (
SECTION D Part I - CONTACT DETAILS (PARENTS/GUARDIANS) & REQUIREMENTS			
Postal Address:			
SECTION D Part II - REQUIREMENTS (GUARDIANS)			
Valid Photo ID Proof of Relation to Minor		(Attach Birth Certificate for Minor and Guardian) (Attach D/License, EVR ID, Passport, Tertiary Student ID or Social Welfare Asst. ID) (Attach support letter from the Turaga Ni Koro/ Birth Certificate od Relation of Minor)	
SECTION E - PAYMENT DETAILS The Authorisation and Declaration to be signed by both parents for the nominated bank account (not applicable if under Guadianship) Bank Account Details			
Bank Account Name: Bank Name: Attached Bank Statement Copy Bank Acount: SECTION F - Authorisation & Declaration			
I, We,the Parent(s)/Guardian of			
Name	Signature/Thumbprint	Relations to the Minor	Date:
Name Witness By:	Signature/Thumbprint	Relations to the Minor	Date:
Name	Signature	Address of Witness	Date:
FOR OFFICIAL USE ONLY:			
Received by:		Amount Available:	
Name & Position Held	Signature		Date