

Reimbursement Form

Wai 3300: Treaty Principles Urgency

Hearing 9 – 10 May 2024



When to use this form

Fill in this form to request the reimbursement of costs for attending the hearing on 9 – 10 May as part of the Waitangi Tribunal's urgent inquiry into the review of references to the Treaty principles in legislation and the proposed Treaty Principles Bill.

This form is to be completed to request reimbursement of costs for:

- A **claimant** who has asked to participate in the Wai 3300 urgent inquiry
- A **member of a claimant group or support people**. In general, three members of a claimant group and a total of up to three support people for the claimant group can be funded.

Please note: Interested parties may be considered for funding on a case-by-case basis. Interested parties must be in contact with the Ministry prior to incurring costs to discuss whether funding may be available.

Completing this form

- A fully complete form, documentation and evidence is required before the claim will be assessed and processed for payment.
- You'll find a blank page at the back of this form if you need more space to fill in your answers.
- Please supply copies of any evidence as originals will not be returned.

We can make and pay for travel and accommodation bookings for you

- If you would like the Ministry of Justice to make and pay for travel and accommodation bookings for you to attend events, please contact:
- **Email:** claimantfunding@justice.govt.nz
- **Call:** 0800 268 787 and tell them you want travel support for a kaupapa inquiry event
- **Text:** 027 361 2236 (we can call you back)

Need help? If you have any questions about this form or what you can claim for, please contact us by **email** claimantfunding@justice.govt.nz, **call** 0800 268 787 and tell them you want travel support for a kaupapa inquiry event, or **text** 027 361 2236 (we can call you back)

Privacy Statement

We collect personal information from you, including your name, contact and bank account details. We collect this so we have all the information we need to process your application. We will use this information only for the purpose of processing your claim for reimbursement.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at 0800 268 787.

Your details

Name _____

Address _____

Phone number _____

Email _____

Claim details

Tick one: Are you a:

Named claimant

Support person

Member of claimant group

Lawyer on behalf of claimant

Wai number of your/your group's claim _____

Law firm acting _____

Bank account details:

If you are GST registered you will need to fill in Appendix A – GST Registered New Creditor Form

Account holder name _____

Bank name _____

Bank account number for reimbursement:

--	--

--	--	--	--

--	--	--	--	--	--	--	--

--	--



We need bank account verification

Please attach bank account verification to this form. Bank account verification could be a screenshot of your details from your online banking app, a print-out from your bank or a copy of a recent bank statement.

Bank account verification must include bank logo, account name and account number.

Costs being claimed

Please see the factsheet on *Funding for claimants to attend Waitangi Tribunal Events – Wai 3300: Treaty Principles Urgency Inquiry* (“the Factsheet”) for further information on the costs that can be claimed, the evidence required, and who can claim these costs.

Each cost you are claiming reimbursement for needs its own row. For example, if you are claiming for two meals, each meal will need its own row.

If you are seeking reimbursement for costs you paid for other people in your group (for example, your support people **or** other claimant group members **or** if you are a lawyer) you need to fill in a row for each person for each of their costs. There is more space at the end of this form if needed.

You will need to provide GST receipts and/or other appropriate supporting documentation for expenses being claimed. The evidence required for each kind of cost can be found on the Factsheet. There is additional space at the end of this form to provide explanations for costs.

When completing the table, the additional information required may include:

- **Accommodation** – *the type of accommodation and number of nights spent there*
- **Meals** – *breakfast, lunch, or dinner*
- **Personal vehicle mileage at 0.95c/km** – *where (the address) your journey started and ended, and the amount of km travelled for mileage and the total cost (using the following calculation, km travelled x 0.95 = total cost).*
- **Transport** – *let us know where your journey started and ended, and if your costs are airfare, bus, car rental, ferry, parking, taxis or train costs*

Name of the person who incurred the cost and their claim Wai #	Cost type (for example, accommodation, meals, mileage or transport)	Date cost incurred	Additional information <i>There is additional space at the end of this form if you need more space to explain your cost</i>	Amount claimed incl GST (\$)
<i>e.g. John Doe, Wai 9999</i>	<i>Travel – Milage</i>	<i>18/07/2022</i>	<i>15 Km from 1 ABC Street, Wellington to Waitangi Tribunal Office (15x0.95=12.45)</i>	\$ 12.45
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total: \$

Sign and date this form (either electronically or handwriting)

Signature

Date

This claim form must be signed by the person claiming reimbursement. In signing this claim form, you are certifying that the information is a true and correct record.

Do a quick check

Before sending in this form – check:

Have you filled out every section of the form?



Have you attached:

- Copy of your bank details?
- Copies of GST receipts or other supporting documentation for all expenses claimed?

Send in this form

You can fill in this form online and email it to claimantfunding@justice.govt.nz, or post to:

Te Tāhū o te Ture – Ministry of Justice

Crown Response to Treaty Principles Urgency Inquiry

Sector Directorate – Level 5

SX 10088

Wellington

New Zealand

Appendix A: GST Registered New Creditor Form

Fill in the details of the person this claim is being made for if the person is GST registered:

Leave this section blank if the person is not GST registered.

Contact details

Full name First Middle Surname

Previously known as Any former legal name or maiden name

Type Individual / Sole Trader Trust Registered Company Other

GST Number

--	--	--

--	--	--

--	--	--

NZBN

--	--	--	--	--	--	--	--	--	--	--

If Registered Company this information at the following site www.nzbn.govt.nz

Address No. Street Suburb
City State (if outside NZ)
Country Post code

Phone Cell Home

Email example@example.com

Payment details

Please attach a copy of bank deposit slip or similar proof of bank account including Bank logo, account name and account number. We will accept a screen shot from your banking app.

Person's name _____

Bank name _____

Bank account number for reimbursement:

--	--

--	--	--	--

--	--	--	--	--	--	--	--

--	--