



GOVERNMENT OF THE COOK ISLANDS  
MINISTRY OF INTERNAL AFFAIRS

P O Box 98, Rarotonga, Cook Islands \* Tel: (682) 29-370 \* Fax: (682) 23-608 \* E-mail: welfare@cookislands.gov.ck

POWER SUBSIDY APPLICATION FORM

Please complete all questions – if not applicable write N/A.

☐ New application ☐ Reapplying

**PLEASE INDICATE THE TYPE OF BENEFIT/ ASSISTANCE YOU ARE RECEIVING:**

☐ OLD AGE PENSION

☐ INFIRM RELIEF

☐ DESTITUTE PAYMENT

**SUPPORTING DOCUMENTS**

*I have provided all the required supporting documents:*

☐ Household Electricity connection  
number

☐ Passport

☐ BCI Bank account (Pa Enua only)

REF: \_\_\_\_\_

A/C Name: \_\_\_\_\_

EXP: \_\_\_\_\_

A/C No \_\_\_\_\_

**BENEFICIARYS' DETAILS**

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: ☐ MALE

☐ FEMALE

**CONTACT DETAILS**

ISLAND: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

Phone/mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**RESIDENCY**

Other persons living permanently in the same house as the applicant:

(a) Males ..... Ages .....

(b) Female ..... Ages .....

**OTHER FORMS OF INCOME** - Are you receiving any other form of income: YES ☐ NO ☐

	Income type	Amount per month

☐ Income from other persons living in the same house: YES ☐ NO ☐

	Income type	Amount per month

**YOUR DETAILS** (person whom completed the application form must also provide a form of identification)

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

Your relationship to the beneficiary: \_\_\_\_\_ Your contact number: \_\_\_\_\_

Signature \_\_\_\_\_ date: \_\_\_\_\_

**OFFICE USE ONLY**

**Statement by Officer:** I have explained the conditions for receiving of this benefit/ assistance and explained what the client's obligations means and the reason for them. The client has indicated that he/ she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

Additional Information:

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Recommendation:

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**(Outer Islands/ Rarotonga)**

Application received by: \_\_\_\_\_

**Dates**

Application received: \_\_\_\_\_  
 Supporting documents : \_\_\_\_\_  
 Supplementary \_\_\_\_\_  
 documents: \_\_\_\_\_  
 Referred to Main Office \_\_\_\_\_  
 O/Island Application No. \_\_\_\_\_  
 Head Office Application \_\_\_\_\_  
 No. \_\_\_\_\_

**(Rarotonga ONLY)**

Application received by: \_\_\_\_\_

**Dates**

Pay period: \_\_\_\_\_  
 Payment amount: \_\_\_\_\_  
 Other payment: \_\_\_\_\_  
 Payment amount: \_\_\_\_\_  
 Addition Voucher No. \_\_\_\_\_  
 Main Vchr from: \_\_\_\_\_

**FOR DIRECTOR/ COMMITTEE**

Decision: \_\_\_\_\_

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Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_