

BENEFICIARY REGISTRATION FORM

APPLICANT DETAILS:

Title: Mr Mrs Miss Ms Master

Surname: _____

Maiden Name: _____

Given Name(s): _____

Name(s) also known as –“nickname”: _____

Date of Birth (DOB): ____/____/____

(Day)

(Month)

(Year)

Gender: Male

Female

Physical Address:

Postal Address: If different to physical address

Area/Post Code

Area/Post Code

Home Ph No. STD () _____

Fax No. STD () _____

Mobile Ph No. _____

Work Ph No. STD () _____

Email: _____

Occupation: _____

Other Iwi Affiliations: _____

BIRTH CHILDREN (Aged 18 years and over must fill out their own form)

Full Name:

DOB:

Gender:

____/____/____

M F

____/____/____

M F

____/____/____

M F

____/____/____

M F

(Please attach a separate paper to include more children)

Email Option: Please tick the box if you would like to receive panui by **email** rather than post.

Private Notice Option: Please tick the box if you would like to receive information and voting papers relating to fisheries matters and decisions regarding elections, constitutional amendments and the conversion or disposal of settlement quota

WHAKAPAPA

Note: It is necessary to trace only the **line of descent** back to your tipuna of Ngati Whare. Please use arrows to indicate your line of descent.

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APPLICANT'S FULL NAME		
<hr/>		
<hr/>	<hr/>	(<hr/>)
FATHER	MOTHER	Maiden Name
<hr/>		
<hr/>	<hr/>	(<hr/>)
FATHER	MOTHER	Maiden Name
<hr/>		
<hr/>	<hr/>	(<hr/>)
FATHER	MOTHER	Maiden Name

*Additional Whakapapa

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Ngati Whare –Tipuna	Roll No.

DECLARATION

I hereby declare that:

The information contained in this registration form is true and correct including my Whakapapa indicating that I am of Ngati Whare descent.

Signature: _____ **Dated this** _____ **day of** _____ **year** _____
(Day) (Month) (Year)

(Parent or Guardians must sign this application on behalf of persons 17 years and under)

Optional: A copy of the applicant's full birth certificate or passport be attached to this registration.

DO NOT SEND ORIGINALS, AS THEY WILL NOT BE RETURNED.