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REGISTRATION FORM

Please complete your Ngāti Rangitihī whakapapa on the back of this form

First Names: _____ Maiden Name: _____

Last Name: _____ Date of Birth: _____

Known as: _____ Gender: Male / Female

Phone: (Home no.) _____ Email: _____

(Mobile no) _____ Receive updates by email? Yes / No

Home Address: _____ Postal Address (if different from home address): _____

Street _____

Suburb _____

Town/City _____

Post Code _____

Country _____

Tamariki/ Whangai Under 18

Full Name (under 18 only)	Date of Birth	Gender (M/F)

Declaration: By signing this form you authorise Te Mana o Ngāti Rangitihī Trust (the Trust) to use your personal information on this form to consider your application to register as a member the Trust, and for all other purposes contemplated by the Trust's deed. You also authorise this information being disclosed to and used by the Trust's subsidiary entities where such disclosure and use furthers the Kaupapa of the Trust. The personal information on this form will not be used for any other purpose. You are under no obligation to provide the information requested but if you fail to do so the Trust may decline to consider your application to register as a member the Trust. All information will be held by the Trust at 3 Onewairere Place, Matata. You can contact us by telephone or email (see details on this form) to confirm how you can inspect the information we hold about you, and if you believe any of the information is incorrect, you may request us to correct it.

Print Name: _____ Signature: _____ Date: _____

Office Use Only:

Application Date	Checked by	Validator	Validation Date	Registration Number

Please return form to: Te Mana o Ngāti Rangitihī Trust, PO Box 7, Matata, 3168, New Zealand.
www.ngatirangitihī.iwi.nz email:info@ngatirangitihī.iwi.nz tel: 07 322 2452

RANGITIHI WHAKAPAPA

ur Ngāti Rangitihī whakapapa. Fill in as much as you know – we may need to be found. NOTE: You must be a descendant of Rangiaohia.

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