



Te Rūnanga o Ngāti Whare

BENEFICIARY REGISTRATION FORM

APPLICANT'S DETAILS

Title: Mr Mrs Miss Ms Master

Surname:

Maiden Name: (if applicable)

Given Name(s):

Date of Birth (DOB):

Gender: Male Female

Physical Address:

Postal Address: (if different to physical address)

Area/Post Code:

Area/Post Code:

Home Phone No:

Mobile Phone No:

Fax No:

Work Phone No:

Occupation:

Email Address:

Other Iwi Affiliations:

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

Full Name:

DOB:

Gender:

M F

M F

M F

M F

M F

WHAKAPAPA

Note: It is necessary to trace **only the line of descent** back to your tipuna of Ngāti Whare.

- Please tick the boxes to indicate your line of descent.

Applicant's Full Name:

Applicant's Father:

Applicant's Mother:

Maiden Name:

Grandfather:

Grandfather:

Grandmother:

Grandmother:

Maiden Name:

Maiden Name:

Great-Grandfather:

Great-Grandfather:

Great-Grandmother:

Great-Grandmother:

Maiden Name:

Maiden Name:

Additional Whakapapa - Ngāti Whare Tipuna (please include roll numbers):

DECLARATION

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

(Parents or guardians must apply on behalf of persons 17 years and under)

Optional: A copy of the applicant's full birth certificate or passport can be sent to Ngāti Whare to accompany an online application. DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED.

Te Rūnanga o Ngāti Whare, PO Box 162, Murupara, 3062

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