



NGĀTI KAHU IWI REGISTRATION FORM

GENERAL INFORMATION

First Name: _____

Family Name _____ Maiden Name: _____

Postal Address: _____

Date of Birth: _____ Gender: Male / Female



Phone: _____ Mobile: _____

Occupation: _____ Email: _____

Spouse: _____ Iwi: _____

Number of Children: _____

NGĀTI KAHU YOUTH REGISTER

-  Please list ALL details for your children (even if over 18 years old)
-  Children aged over 18 years old should complete their own registration form.

NAME	DATE OF BIRTH	MALE/FEMALE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(PLEASE CONTINUE ON SEPARATE PAGE IF NECESSARY)
(Please provide addresses for children over 18 if not living at home)

For Enquiries or to update information contact:
TE RŪNANGA -Ā-IWI O NGĀTI KAHU
 Email: ngatikahureg@xtra.co.nz
 Phone: 09) 408 3013
 Freephone: 0800 524 884
 5TH REVISED EDITION

Please send completed registration forms to:
 Beneficiary Register
 Freepost 167883
 P O Box 392
 KAITAIA