

TAPUIKA BENEFICIARY

REGISTRATION

APPLICANT DETAILS

(Circle applicable title) Mr Mrs Ms Miss Master

Surname

Maiden Name

First Name/s

Date of Birth / /

Male / Female (circle one)

Address

Postal

Email

Phone (home)

(work)

(mob)

WHAKAPAPA – To be completed by those applicants of Tapuika descent

(Circle hapu as applicable)

Tuheke

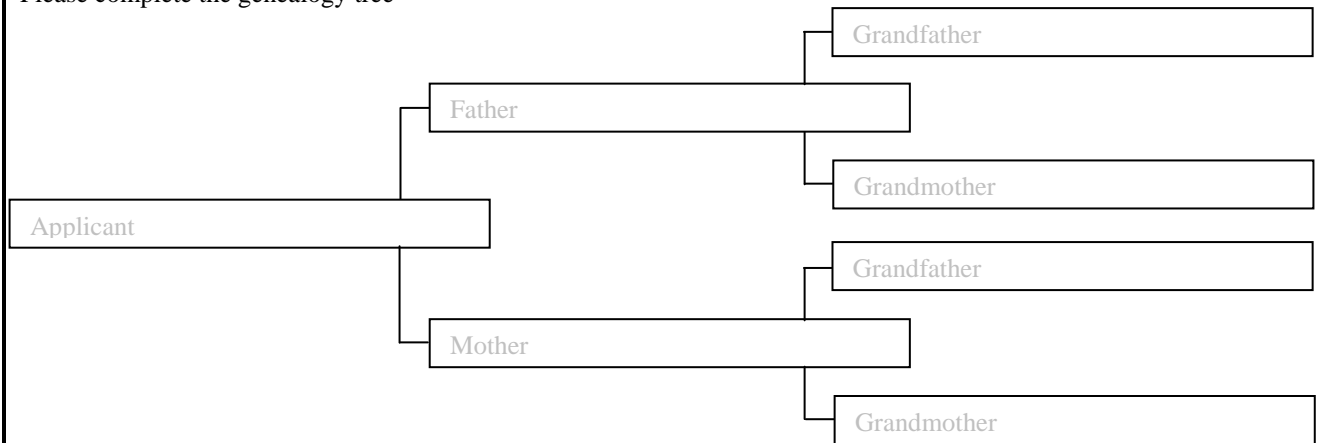
Moko

Marukukere

Kuri

Unknown

Please complete the genealogy tree



WHAKAPAPA – To be completed by those applicants *NOT* of Tapuika descent

(Circle relationship as applicable)

Whangai

Spouse

Partner

Please list your Iwi

I confirm the information given in this form is true and accurate and that I have read the Privacy Act Disclaimer over the page.

SIGNED:

Please tick if including dependant/s over page

I wish to receive notice relating to general meetings and postal ballot papers so that I you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form.

ALL COMPLETED FORMS SHOULD BE RETURNED TO:

The Registrar, Tapuika Iwi Authority, PO Box 15, Te Puke, New Zealand

CHILDREN/DEPENDANTS – Only include those children under the age of 16 years				
Name	Gender	Date of Birth	Other Parent	Whangai Yes / No
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PRIVACY ACT DISCLAIMER

This form and the Tapuika Iwi Register are subject to the Privacy Act. Any personal information provided will only be disclosed for the purpose of Treaty settlement negotiations, Fisheries and communication on Iwi matters.

-----OFFICE USE ONLY-----		
Date Received:	Date Verified:	Kaumatuā: